SEXUAL ABUSE

OF

CHILDREN

A Training Program for Children's Aid Society Staff providing services to sexually abused children and their families

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September 1982.

TRAINING MANUALS IN THIS SERIES

Volume 1	-	Introduction to the Training Programs
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A Training Program for Foster Parents

Training Resources in Understanding, Supporting and Treating abused Children

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FOREWORD

This Training Manual, Sexual Abuse - Volume 7, is the last of a series of training manuals developed for Children's Aid Society staff by the Ministry of Community and Social Services during the past three and a half years. The intent of this series of manuals and training programs has been primarily to improve the working knowledge and practice of front-line child welfare practitioners in Ontario. From the evaluations conducted, as well as the feedback, it appears that enthusiasm remains high and that effectiveness, though less measurable, has been more than satisfactory.

The topic of sexual abuse has been one that continues to cause great concern and frustration to child welfare professionals. It is our hope that the information contained in this manual will assist them in addressing this problem more effectively.

This manual has been developed by Penlieu Consultants, a private consulting firm. Mr. Ross Dawson, who is also the author of Training Resources in Understanding, Supporting and Treating Abused Children - A Training Program for Foster Parents, spent a great a deal of time and energy preparing this manual. The comprehensiveness of the manual is certainly an indication of the dedication the author has to the material. The Ministry was fortunate to obtain his services.

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September, 1982.

0320 (04/82) formerly 10-07-027

ACKNOWLEDGEMENTS

In the development of this training manual, I would like to express my appreciation and thanks to:

- The Oxford Family and Children's Services Crisis Intervention Team whose dedication to child protection motivated me

- The children who participate in the Sexual Misuse Group operated by Oxford Family and Children's Services, whose courage helped me to understand.

Barbara Hardy, consultant for the Ministry of Community and Social Services, Garber Project, whose steady guidance and support provided objectivity

and especially to

my family, who gave me the opportunity to spend the time necessary to complete the manual.

Ross Dawson

INTRODUCTION TO THE HANDBOOK

The Need for a Handbook

Considerable public and professional effort over the last decade have contributed to make child abuse a social issue of national importance. However, the problem of sexual abuse of children remains largely a taboo topic. Sexual abuse of children has been described as "The Best Kept Secret" or "The Last Frontier" in the spectrum of child abuse; misunderstanding and avoidance have clouded this family problem. This is now changing. Faced with greater awareness of this problem and influenced by signficant increases in the number of reported cases, child protection practitioners are now facing the problem of sexual abuse head-on. They are seeking training in understanding and treating cases of sexual abuse, as a further development in their provision of services to children and families.

Previous Ministry training programs (Front Line Protection Staff Training, Supervisors Training, Foster Parents Training - T.R.U.S.T.) were viewed as basic training programs and dealt only incidentally with the problem of sexual abuse. This handbook on the sexual abuse of children, initiated and funded by the Ministry of Community and Social Services as part of its response to the recommendations of the Report of the Task Force on Child Abuse (June 1978), is seen as assisting Children's Aid Society staff to meet their training needs and to develop increased competence in managing childhood sexual abuse.

Objectives of the Handbook

The handbook on sexual abuse has been developed to meet several practice needs. These are:

1. The need to provide child welfare practitioners with a basic and current understanding of intrafamilial child sexual abuse.

2. The need to provide intervenors with methods, skills and techniques used in the identification, assessment and treatment of parents and children involved in family sexual abuse.

Principles of Child Protection Services

The sexual abuse of children is one component of the child maltreatment spectrum. As an emerging aspect of child protection services any approach to intervention should be consistent with the established principles of providing child protection services. The approach to intervention and case management described in this handbook is based on a number of underlying principles regarding child protection services. These are:

(i) The care and protection of children is primarily the responsibility of the parents.

(ii) Most parents desire to be good parents, have the capacity for adequate parenting and can be helped to be better parents.

(iii) Services to children should support family autonomy and safeguard the maintenance and permanence of parent/child relationships.

(iv) Only after the family fails in its function should the child's interests become a matter for agency (child protection) intrusion.

(v) The least intrusive, disruptive and restrictive intervention should guide child protection intervention.

(vi) Children have a right to adequate care and a continuing relationship with their parents.

(vii) Parental failure in the form of neglect, abuse and exploitation are more likely symptoms of personal disturbances and/or social environmental factors rather than willful, premeditated forms of behaviour.

(viii) Parents should have access to services and resources that will stimulate and strengthen their potentialities for parental functioning.

(ix) Child abuse and neglect is primarily a social problem requiring a multi-disciplinary approach to its resolution.

Based on

ComSoc Childrens Services Basic Principles of Service Delivery
Childrens' Services Past, Present and Future
ComSoc, December 1980.

and Principles of Child Protection Services American Human Association, Children's Division.

Using the Handbook

In developing the handbook an effort has been made to make it as self-instructional as possible; to provide guidance for practice, and reference for further personal development.

To facilitate maximum self-learning each chapter contains:

(a) A detailed discussion of a specific aspect of sexual abuse

(b) Articles which supplement the resource paper (where appropriate)

(c) Self study questions

(d) Case histories (where appropriate)

(e) Suggestions for further reading

(f) Reference to relevant audio-visual material.

The study of childhood sexual abuse is in a developmental phase. Consequently there are few definitive answers or guidelines in understanding or working with sexually abused children and their families. Literature dealing with this social problem reflects the clinical experience and cumulative knowledge of its author. This handbook is no exception. While it reflects, where possible, a synthesis of available data, it also is influenced by the author's own experience in this field. The reader should be aware that both knowledge bases co-exist in the chapters which follow.

CHAPTER 1

THE NATURE AND EXTENT OF CHILD SEXUAL ABUSE

Notes:

Until very recently the sexual abuse of children was a taboo topic. Public and professional acknowledgement and discussion of this form of child abuse was limited or avoided. Sexual abuse of children was described as 'the last frontier' in our efforts to protect children. Intense interest and action on behalf of the battered and beaten child has caused us to look again at the position of children in society. In taking this second look at children, other forms of child abuse or abusive behaviour towards children have been highlighted. These included child neglect and psychological or emotional abuse. However, the sexual abuse of children remained largely a hidden problem until the late 1970's.

This is now changing. Slowly, the veil of secrecy is being lifted and the door of discussion is being opened on this form of child maltreatment. Public attitudes about sexual behaviour are now more permissive and relaxed. As the moralistic attitude towards sexuality and sex decreases it provides an increasing opportunity for a more open discussion of sexual matters including sexual deviations and sexual misconduct.

As a result of changing public attitudes it is now possible without fear of censure or social repercussions to acknowledge publicly or clinically the existence of child sexual abuse in society including sexual abuse by members of the child's family. This 'identification' and public disclosure has resulted in increasing reports of sexual abuse being made to criminal justice and child welfare authorities. In addition our increased acceptance of the existence of sexual abuse has enabled victims of this abusive behaviour to seek professional assistance and treatment, or to describe publicly their experience.

Autobiographical or biographical accounts of sexual abuse such as "Kiss Daddy Goodnight" (1), or "Daddy's Girl" (2), or "Daddy Don't" (3) demonstrate the new acceptability of public discussion about this social problem.

(1) Kiss Daddy Goodnight - Louise Armstrong, Pocket Books 1978, New York

(2) Daddy's Girl - Charlotte Vale Allen, McLelland & Stewart 1980 Toronto

(3) Daddy Don't - Judith Lewis Herman, Harvard University Press, 1962, Cambridge

Notes:

This 'new' awareness of sexual abuse has encouraged and at times demanded that we examine the nature and extent of sexual abuse in our society. It has also required that professionals develop the specific knowledge and skill necessary to respond effectively on behalf of sexually abused children.

The Limits of our Knowledge

The sexual abuse of children is a new and emerging field of study. Our knowledge about sexual abuse, its nature, extent, etiology and consequences is therefore limited and incomplete. Most of our current understanding is based on clinical observation of identified cases. Systematic research of a large sample of cases is rare. So too are longitudinal studies. Consequently our accumulated knowledge of sexual abuse is limited, however, it is developing rapidly as increased focus and activity is given to the problem. Consequently, at best, our findings and knowlege to date must be considered tentative. Some sign posts and bench marks have been established in our journey towards understanding sexual abuse. However, there are no definitive highways or answers to many of the important issues and questions which have resulted from increased scrutiny of the phenomenon.

The Incest Taboo

Most cultures and societies have established strong taboos regarding marriage and sexual relations between family members. The incest taboo is found almost universally and appears to be an "ever present feature of family structure". (4) However, the extent to which marriage between extended family members was proscribed appears to have varied over time. For example, some cultures prohibit the marriage of second cousins while others extend the taboo to sixth cousins. Essentially, the incest taboo was primarily concerned with regulating who could or could not marry, especially between blood relatives. The taboo was not specifically concerned with sexual relations themselves or with sexual relations between adults and children. Perhaps because of the apparent universality of the incest taboo, its intensity, its permanence, its emotional quality and the fact that violations do occur, considerable theorization has developed to explain the origin of the special taboo. Many of these theories are somewhat dogmatic and exclusive in their nature, however, it should be recognized that "the incest taboo is multi-determined by a variety of instigating and sustaining factors".(5)

(4) Chincey, E. Society: An Introduction to Sociology Random House New York, 1965

(5) Henderson: J.D. Incest: A Synthesis of Data. Canadian Psychiatric Association Journal Vol 17 1972

Notes:

A brief summary of several major explanations for the incest taboo will be presented to stimulate consideration of the original purpose of the taboo and its current purpose in regulating sexual behaviour. (for a more detailed discussion see references for further reading)

(a) Biological

Pre-eminence was given to this theoretical approach during the Victorian period. Influenced by Darwinian theories of survival of the fittest, it was suggested that the human species would not have survived if inbreeding within families had taken place. The theory postulated that marriage within families would have had damaging physical and mental consequences for the offspring of such unions. Genetic deviance, physical impairments and mental deficiencies were presented as certain outcomes of incestuous unions and were thereby avoided by 'natural' man.

In the early 1900's this theory began to wane in popularity as other disciplines, namely, the social sciences began to challenge the validity of the biological explanation.

This theory has recently experienced a resurgence through the work of Lindsey (6), who maintained that inbreeding affects the longterm survival prospects of individuals and families. Lindsey suggested that the limited offspring produced by humans and their slow reproductive development would ensure that the effects of inbreeding would be especially prominent and detrimental in humans ... and over a long period of time, therefore, we would expect the inexorable process of natural selection to eliminate most or all inbreeding groups."(7)

(6) Lindsey, G. "Some Remarks Concerning Incest, the Incest Taboo and Psychoanalytic Theory" American Psychologest 22, 1967 p. 1051-1059

(7) Meisleman, K. Incest: Jossey-Bass, San Francisco 1978.

Notes:

(b) Natural Aversion

Westermark (8) and Fox (9) have suggested that a natural aversion to sexual relationships develops among persons who live together from childhood. In this theory constant association between family members and sometimes including other relatives, leads to a dulling of sexual appetite and subsequent sexual aversion for sexual activity between family members. The theory suggests that this aversion is, over time, codified into a taboo to maintain and reinforce the natural aversion.

(c) Advancement of the Species

This theory suggests that if the human race was to develop and multiply social and economic alliances had to be developed and maintained beyond the family and clan system. Security, it is proposed, could best be met through intermarriage with other tribes. In addition, the theory postulates that by encouraging inter-family marriage and a pooling of resources and skills economic needs could best be met. Without such marriage arrangements, it is suggested that society would have been unable to progress to its current highly developed state. (10)

(d) Primal Horde

Influenced by Darwin's belief that primitive man lived in a horde controlled by a tryannical father who kept the women of the tribe for himself to the exclusion of his sons, Freud developed his concept of primal horde as an explanation for the incest taboo. (12)

Freud suggested that the sons eventually rose against their father and murdered him. The resultant rivalry, jealousy and quarrelling threatened their social order. This and their guilt over killing their father resulted in the development of the incest prohibition.

(8)	Westermark, E.	The History of Human Marriage Allenton, New York 1922
(9)	Fox, J.R.	"Sibling Incest", British Journal of Sociology, 1962, 13, p. 128-150
(10)	White, L.A.	"The Definition & Prohibition of Incest" American Anthropoligist 1948 50 p. 416-435
(11)	Freud, S.	"Totem and Taboo" Vintage, New York 1946

Notes:

Most of these theories are considered to be inadequate to account exclusively for the intensity and universality of the incest taboo. Certainly, these theories do not account for the reason why the incest taboo remains so dominant in today's society. The need for inter-family economic development or security alliances no longer requires a prohibition on marriage with blood relatives.

Two theoretical explanations receive considerable support in providing a rationale for the strong maintenance of the taboo. (12)(13)

(i) Protection of Family Life

Here it is suggested that sexual relations between non-married family members would stir up jealousies which would disrupt family life. Intra-family sexual activity would lead to role confusion, the evoking of strong passions between different family members and across generational boundaries. All of this would make harmonious family living impossible and precipitate family disintegration. Society could not tolerate such a development because it would threaten its very existence.

(ii) The Protection of Childhood

Society today is more concerned with prohibiting sexual relations between adults and children (especially within the family) than it is with who should marry whom. Consequently the incest taboo now relates more towards the protection of children than the prevention of certain marriages.

The protection of children from sexual experiences with adults is considered necessary because it "robs children of developmentally appropriate sexuality" (14). Also, it is considered to affect seriously the child's development and result in significant developmental, emotional and possible physical harm to the child. Childhood sexual experience with adult family members is considered a betrayal of childhood trust. The involvement of dependent children in activities which violate society's sexual code, which they may not understand or consent to is considered harmful.

(12) Malinowski, B. Sex and Repression in Savage Society Routeledge & Kegan Paul London 1927

(13) Parsons, T. "The Incest Taboo in Relation to Social Structure & the Socialization of the Child" British Journal of Sociology, 1954, 5 p 101-117

(14) Kempe, H. & R. Child Abuse Harvard University Press, Cambridge 1978.

Notes:

Sexual relations between parents and children interfere with the child's progress towards independence and separation from their caretakers. The child's individuation is also interfered with. Despite the existence of a strong taboo regarding incest and sexual abuse of children violations and exceptions have occurred throughout history.

HISTORICAL CONSIDERATIONS

Some historical considerations are helpful in understanding the nature of sexual abuse and societal responses to this misconduct.

Religion and Literature

Both religion and literature have influenced our understanding and reactions to sexual abuse.

The Bible authoritatively classifies such behaviour as sin and requires severe punishment for acts of this nature. (see Leviticus Chapter 18) Judo/Christian tradition still predominates North American society and influences societal values and legislation. Perhaps this historical link helps to explain the condemnation and strongly punitive orientation towards perpetators which prevails throughout society.

Popular and classical literature, e.g., Oedepus Rex portrayed incest as a calamitous event for all participants. It has been described as the "curse that dooms all". This strong theme in literature may have aided in strengthening our avoidance of the topic or in responding to those afflicted. This sense of tragedy and pariah has certainly prevented the public disclosure and compassionate response which accompanies other social ills.

Exceptions

There is considerable evidence of exceptions and or violations of the taboo throughout history. Interestingly these exceptions are accompanied by rationales which have considerable relevance today.

Notes:

Noble Purpose

Where the taboo has been broken or over-ridden usually it has been justified on the basis of serving some higher purpose. For example, in early Egyptian history marriage between brothers and sisters was permitted in royal households in order to maintain a pureblood line. In early biblical times the sons of Adam married their sisters in order to populate the earth. It is not uncommon for perpetrators today to use a similar rationale when their sexual misconduct with a child is publicly disclosed. Justification on the basis of higher purposes such as "sexual education of the child" and "preparing the child for the real world", or "helping the child's future sex life and marriage" have been used frequently to explain taboo violations.

Seduction

Alternatively, the violation of the incest taboo is rationalized as the male being helpless in the face of female wiles and seduction. For example, in the Old Testament, Lot is seduced by his daughters while in a helpless and drunken state. Other examples of the seduction theme are frequently in literature. Again, it is common today for perpetators to use female seduction as a defence for their misconduct. Indeed, this is used frequently as a defence for the accused in criminal justice proceedings regarding sexual misconduct offences.

Freud

Freud's influence in psychoanalytic theory and thought is immense. His writings regarding incest have also influenced professional intervention in family sexual abuse situations. Initially when treating women patients exhibiting symptoms of hysteria and presenting histories of incestuous relationships, Frued tended to believe their accounts. Later he reversed his position and concluded that the reports of his patients were untrue and that the hysterical symptoms were a result of incest fantasies. This later formulation became entrenched in professional thinking for many years and continues to have considerable acceptance.

Today when a female child alleges incestuous activity there is still a tendency to discount or discredit the veracity of the child's story and attribute the disclosure to sexual fantasy and oedipal resolution.

Notes

TYPES OF SEXUAL ABUSE

Before proceeding to examine the nature and extent of our current knowledge of sexual abuse, it is important to recognize that there are various types of sexual abuse. Sexual abuse of children differs depending upon the specific nature of the sexual activities involved, whether overt force is used, and whether the perpetrator is a stranger, acquaintance or family member. The spectrum of sexual abuse and specific definitions of different forms of sexual abuse are considered in detail in Chapter 3.

While this handbook attempts to define and differentiate the various types of sexual abuse perpetrated upon children, its primary focus is family sexual abuse of children. The material presented attempts to provide a practical guide to understanding and intervening in cases of intra-family sexual abuse. The manual does not examine in detail non-family or stranger abuse. The stereotype "child molester" represents only a small minority of the perpetrators involved in child sexual abuse. The abuse of children by strangers is generally a single occurrence which if appropriately handled may have limited traumatic impact on the child. This type of sexual abuse is also described as pedophilia (from the Greek word meaning lover of child). Pedophilia is usually exhibited by an erotic craving for pre-pubertal children. Pedophilic behaviour is generally non-violent and restricted to sexplay and exposure rather than intercourse. Pedolphilia is primarily dealt with through the criminal justice system and seldom involves child protection services.

THE EXTENT OF THE PROBLEM

The actual incidence of child sexual abuse is unknown and is likely to remain unknown. Secrecy, denial and reluctance to discuss, disclose or report the occurrence of sexual abuse combine to prevent an accurate understanding of the dimensions of this social problem. Child sexual abuse like rape is likely to be a vastly unreported phenomenon. Currently data regarding incidence is restricted to occurrences brought to the

Notes:

attention of the child protection or criminal justice systems. The incidence of reported cases of sexual abuse varies from area to area and agency to agency depending on the definition utilized, the level of public and professional awareness and the willingness to report. Consequently, it is difficult to project incidence from reported rates of occurrence and estimates of actual frequency vary widely. While the true extent of sexual abuse may remain unknown, it is generally accepted that reported cases represent only a small percentage of the actual incidence. This assumption is supported by the few recent surveys of sizeable general population groups which have been completed.

Estimates of the extent of the problem vary considerably as evident from the following approximations.

Estimates Based on Reported Incidence

1969 De Francis (15)	-	Protecting the Child Victim of Sex Crimes 4,000 cases per year may occur in each major U.S. city
1977 Young, M. (16)	-	4.5% of the U.S. population involved in incest
1971 Woodbury, J. (17)	-	5-15% of the U.S. population involves in invest

U.S. National Centre on Child Abuse and Neglect (18) - at least 100,000 cases of sexual abuse occur each year.

(15) De Francis, V. - Protecting the Child Victim of Sex Crimes American Humane Association 1969, Colorado

(16) Young, M. - Unpublished address 16th American Society for Adolescent Psychiatry 1977

(17) Woodbury, J. - The Silent Sin: A Case History of Incest New York, Signet Books 1971

Notes: Estimates Based on Survey of Selected Population

(unreported cases)

- Kinsey (1942-52) (19)
  Interviewed 1200 women re childhood sexual experience with adults
  - 28% had such an experience

- Landis (1955) (20)
  Surveyed 1800 male and female university students in California
  - 35% had a childhood sexual experience with an adult

- Finkelhor (1978) (21)
  Surveyed 530 female university students in New England states
  - 19% had a childhood sexual experience with an adult

The true incidence of sexual abuse may never be known. Perhaps for the practitioner this is of secondary importance to the need for early identification and effective response to child sexual abuse. The establishment of an actual incidence of the problem may be important in putting sexual abuse in an overall perspective. However, it is unlikely to mean that all cases of sexual abuse would or should be reported to the appropriate authorities. Efforts to increase awareness, a willingness to report and respond therapeutically may prove to be more effective than the determination of absolute incidence.

(18) U.S. National Centre on Child Abuse and Neglect Department of Health Education and Welfare Washington

(19) Kinsey, A. Sexual Behaviour in the Human Male Philadelphia
Sexual Behaviour in the Human Female Saunders 1948, 1953

(20) Landis, J. "Experiences of 500 children with adult sexual deviants" Psychiatric Quarterly Supplement, 1956 (30)

(21) Finkelhor, D. Sexually Victimized Children, The Free Press 1979, New York

Notes: **Reported Incidence**

The U.S. National Study on Child Neglect and Abuse (22) receives reports of abuse from authorities in all States. 1978 data from this study reveals the following statistics:

- total number of abuse/neglect reports received 614,291
- sexual maltreatment accounted for 6.2% of all substantiated reports or approximately 6,000 cases.

THE NATURE OF THE PROBLEM

Understanding the characteristics commonly associated with family sexual abuse is helpful in aiding our endeavours to develop effective responses to this problem of growing significance. In considering common factors evident in family sexual abuse, it is important for the intervenor to reaffirm that there is no one profile of the sexually abusive family. Simplistic categorization belies the complexity and variation of the dynamics existent in such cases. Family sexual abuse of children may take many forms, involve different participants, reflect contradictory precipitating factors, and have varying consequences. Although this may be confusing and problematic to those seeking clear answers and directions, it has to be acknowledged that we are just beginning to study seriously the nature of the problem. It has been accurately stated that sexual abuse is an "old problem with a short history". At the present time there are no definitive answers or guidelines for the inquiring practitioner. Emerging data, attempting to analyse the nature of the phenomenon, contributes to our understanding and provides direction for intervention. Nevertheless it is not absolute. Several recent studies provide a helpful and comparative description of family sexual abuse. Key findings of these studies are presented here to illustrate our current knowledge base regarding the nature of family sexual misconduct.

DeFRANCIS, PROTECTING THE CHILD VICTIM OF SEX CRIMES

In 1969 the American Humane Association published its pioneering research report by Vincent DeFrances "Protecting the Child Victim of Sex Crimes Committed by Adults".(23)

(22) National Analysis of Official Child Neglect and Abuse Reporting American Humane Assocation, 1978 Colorado

(23) DeFrancis, V. Protecting the Child Victim of Sex Crimes American Humane Association, 1969, Colorado

Notes:

The Report discussed the findings of a three year study of sexual abuse in New York City. A core sample of 250 families involving 338 sexually abused children was studied. Perpetrators included family and non-family members and involved a wide range of sexual misconduct. Although the study has several methodological problems, it remains a landmark in the field of child sexual abuse research. For the first time the extent and characteristics of the problem were revealed through an analysis of a sizeable population of reported cases. Major findings of this research included the following:

The Perpetrators

- 97% were males ranging in age from 17 - 68 years
- 75% were known to the child and/or the child's family
- 27% were parent figures living in the child's household
- 11% were related by blood or marriage to the child but didn't live in the household.

The Children

- 90% were female children
- the children ranged in age from infants to 16 years
- 75% of the incidents involved only one child from a family
- in 60% of the cases overt coercion was involved
- 2/3 were considered emotionally damaged by the experience

The Sexual Abuse

- ranged from fondling to rape
- 41% of the abuse was repeated over a period varying from weeks to several years.

The Families

- generally families had many children
- 32% of the families were single parent families at the time of the incident, most representing mothers led families

Notes:

- many families were considered multi-problem families

- parents contributed to the incident by omission, commission or perpetration in 72% of the cases.

In its concluding remarks this important study called for the development of national data respecting the incidence and characteristics of sexual abuse in the United States. The 1970's witnessed the introduction and refinement of mandatory child abuse reporting legislation, and the establishment of Central Registers which collected data on reported abuse cases. The United States through the American Humane Association now maintains a national data base of official reports of child abuse. The National Study on Child Neglect and Abuse Reporting - (24)

> "represents the only effort to provide a profile of child maltreatment on a national basis and contributes to the development of national policy directed toward the improvement of child protective services"

Data from these official reports provide a helpful profile of the nature of sexual abuse from a nationwide sample of reported cases.

NATIONAL ANALYSIS OF OFFICIAL CHILD NEGLECT AND ABUSE REPORTING (1976, 1978 REPORTING DATA U.S.A.)

Using data on reported child abuse from 38 States and 3 territories involving 1,688 cases of sexual abuse the following characteristics were noted:

Age of Perpetrator

Perpetrators were found to vary in age from under 20 to over 50 years of age. The highest incidence occurred within the age range of 35 - 39 years. Over 53% of all perpetrators were between 30 - 44 years of age.

Table A

Age	%
Under 20	8.2
20 - 24	6.9
24 - 29	12.6
30 - 34	16.6
35 - 39	20.7
40 - 44	16.2
45 - 49	9.0
50+	9.8

(24) National Analysis of Official Child Neglect and Abuse Reporting American Humane Association 1976, 1978 Colorado

Notes: Relationship of Perpetrator to Victim

Perpetrators were found, almost exclusively, to be family members. Predominantly the perpetrator was the child's parents.

Table B

Relationship	%
Parent	83.0
Other Relative	5.0
Sibling	1.5

These figures confirm DeFrances' findings that the vast majority of sexual abuse cases occur within the family and are perpetrated by a person well known to the child - a parent figure. The prevalance of the parent as perpetrator has implications for detection and intervention which will be discussed in later chapters. Statistics such as these should do much to dispel the widely held misconception that most incidents of sexual abuse are perpetrated by strangers.

Strangers actually account for only a small percentage of child sexual abuse cases. Warning children to beware of strangers offering car rides or candies is a wise precaution. However, it does not prepare the child to resist or seek help when approached sexually by a parent figure.

Age of Children Involved

The majority of children (78%) involved in incestuous relationships with their father were found to be between the ages of 12 - 17 years. While the highest reported incidence (42%) occurred at puberty, preschool children were involved in other 3% of occurrences.

Age of Child	% Father/Daugher Incest	
0-2	1.2	
3-5	2.1	
6-8	5.0	
9-11	13.9	
12-14	41.5)	
15-17	36.2)	77.7

Notes:

Socio/Economic Status of Perpetrator

While sexual abuse of children does occur across all stratas of society, the majority of reported cases suggest perpetrators have a low socio/economic status as measured by education, employment and income.

Education — 62% of perpetrators did not complete high school

Employment — 63% were unemployed or unskilled

Income — 33% were in receipt of public assistance

86% had an income of less than $11,000.

Several reasons may account for the high representation of perpetrators in this category.

- poor people are usually in contact with authorities or social services and more likely to be identified
- increased stress on family life
- non-poor may give an aura of respectability which is unlikely to be challenged unless proof is conclusive.

Perhaps all that can be concluded at this point in time is that sexual abuse is perpetrated by persons in all social classes but predominantly from lower socio/economic segments.

Source of Referral

The identified source of referral confirms earlier observations that children are unprepared for parental sexual contact and seldom report such occurrences.

Table C

Source of Report	%
Professionals	56.4
Victim	7.9
Relatives	24.3
Others	12.4

Notes:

The validity of conclusion regarding the nature of sexual abuse established from studies of reported cases has been challenged. It has been argued that reported cases may not be representative of those not reported. For example, it has been suggested that families involved in sexual abuse which come to public disclosure may be more dysfunctional than those which are not identified. Additionally, it has been suggested that the majority of sexual abuse is not reported, therefore, reported sexual abuse is not a representative sample of the whole. In short, it is possible that the characteristics of reported sexual abuse varies significantly from those of unreported sexual abuse.

In response to such challenges some surveys of general population segments have been undertaken. These provide further insight into the nature of sexual abuse. Findings from one such survey will be summarized so that a comparison can be made with the findings from reported cases.

SURVEY OF CHILDHOOD SEXUAL EXPERIENCE

(Finkelhor, D. Sexually Victimized Children
The Free Press - New York 1979)

Utilizing a detailed questionnaire Finkelhor surveyed a sample of 796 students (530 females and 266 males) from 6 New England colleges and universities regarding the nature and incidence of childhood sexual experiences. The survey requested respondents to report on a broad range of sexual activities which they as children experienced with adults or young people at least five (5) years older than they were at the time of the experience.

THE FINDINGS

Incidence

19.2% or almost 1 in 5 females reported a childhood sexual experience with a much older person.

8.6% or approximately 1 in 11 boys reported a childhood sexual experience with a much older person.

Notes:

Relationship to Perpetrator

43% of the females involved in a childhood sexual experience reported that this occurred with a family member (excluding similar age sibling)

17% of the males involved in a childhood sexual experience reported that this occurred with a family member (excluding similar age sibling)

76% of the perpetrators were known to the female respondents.

70% of the perpetrators were known to the male respondents.

The Children

The majority of respondents reported that their sexual experience occurred at a young age.

84% of females indicated a sexual experience before age 13.

47% of females indicated a sexual experience between 10-12 years of age.

68% of males indicated a sexual experience before age 13.

41% of males indicated a sexual experience between 10-12 years of age.

40% of these experiences occurred more than once.

The sexual experience of boys was primarily homosexual in nature and involved a higher incidence of non-family perpetrators than girls whose experience was heterosexual and family-centred.

Early sexual experiences were viewed negatively especially by girls. The degree of force involved and the older the partner the more negative the experience was perceived.

The Families Involved

Major findings about the families of those surveyed revealed:

- sexual abuse was more common among lower class groups
- sexual abuse was more common in rural areas where families were socially and physically more isolated than urban families.

Notes:

- the incidence of sexual abuse was correlated with those families experiencing marital problems and family disruption.

- the incidence of father-daughter incest was greatest in families with step-fathers.

- maternal absence or incapacity appeared to be linked with the vulnerability of girls to sexual abuse

- the highest incidence of intra-family sexual abuse occurred between partners of the same generation e.g., mothers, sisters.

- only 10% of those surveyed and reporting family sexual involvement involved cross generational activity. This almost exclusively involved girls with male adults.

- mothers were not reported as involved in overt sexual activity with children. Only one incident of mother-daughter exhibiting was reported in the survey.

SUMMARY

These three studies provide both confirmation and disparate findings regarding the basic characteristics of child sexual abuse. On the one hand the research data reaches a consensus on certain findings giving credence to the results and a base for developing strategies of clinical intervention. On the other hand the research highlights important differences and gaps in our current knowledge base. These can only be addressed through further clinical experience and research endeavours.

Notes:

THE CANADIAN PERSPECTIVE

Canadian research, study and publication in the area of sexual abuse of children is extremely limited. Reports which are available are clinical in nature, of limited size and without control groups. Practice in this field is highly dependent upon American data, which in addition to the technical limitation of the research may or may not be applicable to the Canadian context. Schlesinger (25) in a selected annotated bibliography listed some 180 articles specifically concerned with sexual abuse of children. Of these, eight (8) were of Canadian origin. Only three (3) of these articles had a defined study group and attempted to study this population in detail.

Year	Author	Population
1962	Cormier (26)	27 incestuous fathers
1964	Mohr (27)	55 pedophiles 54 exhibitionists
1975	Molnar (28)	10 incestuous families

Canadian research in this field is at best scant and we know little about the nature and extent of child sexual abuse in Canada at the present time. Our knowledge respecting intervention approaches and treatment methodologies is virtually non-existent. Few treatment programs specifically geared to the rehabilitation of family sexual abuse are available across the country. Existing treatment programs are piecemeal, focusing on one segment of the problem or one participant. Systematic evaluation of Canadian sexual abuse treatment programs has not been attempted.

Eight provinces now maintain Child Abuse Registers of reported cases of child abuse, however, for a variety of reasons the data obtained in these registers is limited, incomplete and inconsistent. While cases of sexual abuse are reported to these Registers, no detailed analysis of reported sexual abuse cases in any province has been completed.

(25) Schlesinger, B. Sexual Abuse of Children An Annotated Bibliography University of Toronto, 1981.

(26) Cormier, B. "Psychodynamics of Father Daughter Incest" Canadian Psychiatric Association Journal October 1962.

(27) Mohr, J.W. Pedophilia and Exhibitionism University of Toronto Press, Toronto, 1969

(28) Molnar, G. "Incest Syndromes" Canadian Psychiatric Association Journal August 1975

Notes: **Incidence**

Some limited Canadian statistical data regarding sexual abuse is now emerging. While this data is primitive and falls far short of providing a clear understanding of the extent and nature of the problem, it is a beginning.

When considering, comparing or extrapolating from this data, its limitations should be kept in mind. These limitations include:

(a) definitional variation

jurisdictions do not utilize a common definition when reporting child sexual abuse

(b) reported cases vs incidence

child abuse registers simply record the number of reported cases of a particular form of abuse. Reported cases are those which come to public attention and therefore, may only be a slight reflection of the actual incidence of the problem.

(c) reporting inconsistencies

Numerous inconsistencies exist between agencies and provinces regarding what is to be reported. Some registers require verification of reports before they are filed, others file all allegations. Some agencies are less inclined to file reports than others. Lastly, even where some information is collected, it may be categorized differently by the receiving or reporting agency.

Incidence of reported child abuse in Canada is reflected in Table D. These figure are based on abuse reported to provincial child abuse registers, or other provincial agencies. The figures reflect the incidence of reported physical abuse, sexual abuse and in some cases emotional abuse and severe neglect. Discrepancies in reporting rates e.g., incidence per province/population may be accounted for by any or all of the limitations previously discussed.

Notes:

Table D

Number of Children Reported as Abused in Canada in 1978

Province/Territory 1978 (population)	Type of Abuse Reported	No. of Reports
B.C. (2,530,000)	Physical Abuse	517
	Sexual Abuse	89
	Severe Neglect	237
	Inadequate Supervision	151
	Total	994
Alberta (1,952,000)	Physical Abuse	257
	Failure to	14
	Total	271
Saskatchewan (947,500)	Physical Abuse	124
	Sexual Abuse	34
	Severe Neglect	694
	Total	852
Manitoba (1,033,000)	Physical Abuse	153
	Sexual Abuse	35
	Total	188
Ontario (8,445,000)	Physical Abuse	1,762
Quebec (6,283,000)	Physical Abuse	1202
	Sexual Abuse	207
	Severe Neglect	695
	Total	2104
Nova Scotia (841,000)	Physical Abuse	35
	Failure to	5
	Sexual Abuse	2
	Emotional Abuse	1
	Total	43
Newfoundland	Physical Abuse	10
	Sexual Abuse	14
	Severe Neglect	385
	Total	409

No information on - New Brunswick, Prince Edward Island, Yukon and Northwest Territories

* Based on figures from the Department of Health and Welfare, Ottawa 1980.

Notes: As can be readily seen this basic data regarding incidence is incomplete. These totals indicate that as a minimum 6,623 Canadian children were reported as abused in 1978. Of these some 381 (approximately 6%) were reported as sexually abused. However, these figures are likely to be lower than the actual reported incidence of sexual abuse as both Ontario and Alberta included sexual abuse reports under physical abuse.

Ontario

In 1965 The Child Welfare Act was amended substantially and included a provision requiring the reporting of suspected abuse cases to the police or Children's Aid Societies. A child abuse registry was established and maintained until 1979. Reports to this registry did not specify the nature of abuse occurring and no statistcal data regarding sexual abuse was collected or compiled. In 1978 The Child Welfare Act was again revised. These revisions included: (29)

- mandatory reporting requirements for professionals and penalties for non-compliance

- a broad definition of abuse for reporting purposes (this included reporting of sexual molestation - for discussion of definition see Chapter 3)

- the maintenance of a child abuse Register for verified reports of abuse.

The new child abuse Register came into effect June 15, 1979. Some statistical data regarding sexual abuse has been compiled by the Register. (See Table E) However, much caution should be exercised when utilizing this data. Data from the Register suffers from the limitations regarding Canadian Statistics, namely, inaccuracy, incompleteness and subject to inconsistencies. (30)

(29) The Child Welfare Act 1980, Revised Statutes of Ontario

(30) Dawson, R. "Rethinking the Child Abuse Register", Journal of the Ontario Association of Children's Aid Societies, February, 1982

Notes:

Table E

Reports to the Child Abuse Register (31)

Period	Total No. Reports	Type of Abuse Reported		% of Total
June 14- Dec. 14 1979	263	Physical Abuse	182	68.0%
		Sexual Abuse	76	30.0%
		Other	7	2.0%
1980	719	Physical abuse	467	65.0%
		Sexual abuse	245	34.0%
		Emotional abuse	7	1.0%
1981	603	Physical Abuse	321	53.2%
		Sexual abuse	281	46.5%
		Other	1	-

These statistics suggest that the number of verified abuse reports is dropping while the number of sexual reports is increasing. Certainly the annual total of reported sexual abuse has increased over the past three years. In part this is due to increased public and professional awareness and willingness to discuss family sexual abuse of children. Increased media coverage and autobiographical accounts (e.g., Daddy's Girl) (32) have assisted in making this discussion more acceptable. The decline in the total number of reports may be a result of this shift of attention to sexual abuse from physical maltreatment. On the other hand the introduction of the new Register and its verification requirement may be a significant variable in this regard. In 1978, the last year of the old Registry 1,762 cases were reported. While in 1980 the first full year of operation for the new Register only 719 cases were reported. It is unlikely that a decrease in public and professional concern for physical abuse of children could account for such a significant statistical decrease.

(31) Communication from the Child Abuse Registrar
1980, 1981, 1982

(32) Daddy's Girl, Charlotte Vale Allen, McLelland & Stewart, 1980, Toronto.

Notes:

Analysis of Sexual Abuse Reports to the Ontario Child Abuse Register June - December 1979

A limited analysis of the 76 sexual abuse cases reported to the Register has been produced. Although restricted to elementary factors they do provide a beginning glimpse of the nature of sexual abuse in Ontario.

Relationship of Perpetrator to Victim

All perpetrators were males. All perpetrators in this reported group were adults except two perpetrators who were under 17 years. All but four (4) males were either parent figures or close relatives. Father figures accounted for 85% of the perpetrators (See Table F).

Interestingly, these findings parallel those of the U.S. National Analysis of Official Child Abuse and Neglect reports for 1978.

Table F

Relationship of Perpetrator to Victim

Natural Father	30
Common-law Father or mother's boyfriend	13
Stepfather/adoptive father	8
Neighbours/acquaintances	4
Uncles	3
Mothers	2
Grandfather	1
Total	61

Age of Perpetrators

The majority (60%) of offenders were found to be between the ages of 30 - 44 years, suggesting that there is a correlation between incidence and the midlife stage of development in males. Alternatively, it is possible that the child involved reaches puberty when the perpetrator is between 30 - 44 years and the incidence is therefore correlated with the child's development. Again these figures are consistent with U.S. findings from the National Analysis of Official Child Abuse and Neglect Reports 1978.

Notes:

The Children Involved

Of the 76 reports to the Register regarding child sexual abuse, 73 involved female children while 3 reports cited male children as victims. These findings are consistent with data previously discussed which suggests that family sexual abuse predominantly involves male parent figures and their dependent female children.

The age of female children confirms that the majority of sexually victimized children 83% are between 9 -17 years of age, with the highest incidence involving children in early adolescence. (See Table G). However, these ages represent the age of the child at the time of the report. The child may have been considerably younger when sexual abuse was first experienced.

Table F

Age of Female Children Involved

Age of Female Child	No.	% of Total
0 - 2	1	
3 - 5	2	
6 - 8	8	
9 - 11	21	28%)
12 - 14	26	35%) 83%
15 - 17	15	20%)
	73	

Although tne foregoing data is limited it does provide a starting point for a Canadian perspective on the problem of sexual abuse. Knowing what we don't know can help to focus further research in an area which until now is underdeveloped.

Self Study Question

1. Is the actual incidence of sexual abuse in our Society increasing?

2. We are in the midst of a period of increasing sexual liberation and permissiveness. Is sexual abuse then the result of too much sexualization or too much sexual repression in the family and society?

3. Given the current stresses of the family, the increasing number of divorces, reconstituted families and single parent families, how might the nature and extent of sexual abuse change in the next 5 - 10 years?

4. The Law Reform Commission of Canada recommended that incest between consenting adults as a criminal offence should be abolished. Do you agree or disagree?

FURTHER READING

Canadian (not necessarily related to Chapter 1)

Cormier, B. et al	"Psychodynamics of Father-Daughter Incest" Canadian Psychiatric Association Journal October, 1962
Henderson, J.O.	"Incest: A Synthesis of Data". Canadian Psychiatric Association Journal, August, 1972
Mohr, J.W.	"The Pedophilias: Their Clinical, social and legal implication" (in) Benjamin Schlesinger, Ed. Sexual Behaviour in Canada, Toronto, U of Toronto Press, 1977
Molner, G. Camerson, P.	"Incest Syndromes: Observations in a General Hospital Psychiatric Unit" Canadian Psychiatric Association Journal, August, 1975

Other Readings (related to Chapter 1)

Dirkheim, E.	Incest: The Nature and Origin of the Taboo. Lyle Stuart, New York, 1973
Finkelhor, David	Sexually Victimized Children Chapters 10, 11 The Free Press, New York, 1979
Meiselman, K.	Incest Chapters 1, 2, 3 Jossey-Bass Publishers, San Francisco, 1978

Protecting the Child Victim of Sex Crimes Committed by Adults, American Humane Association Colorado, 1969.

Quinsey, V.L. "The Assessment and Treatment of Child Molesters: A Review", Canadian Psychological Review, July, 1977

Rush, Florence The Best Kept Secret, Prentice-Hall, New Jersey, 1980

Sexual Abuse of Children - Implications for treatment, Chapters 1 and 2, American Humane Association, Colorado, 1980.

Relevant Audio Visual Material

Child Molesters: Fact or Fiction

16 mm, 30 minute colour film produced in 1972, available from:

International Telefilm Enterprises
47 Densley Avenue
Toronto, Ontario.

CHAPTER 2

SELF-AWARENESS AND THE MANAGEMENT OF SEXUAL ABUSE

Notes

The "Taboo" respecting sexual relations with children has not prevented sexual abuse of children from occurring. Primarily, this taboo has prevented full and frank discussion of the topic by professionals and the public alike. The prohibition against talking about sexual abuse has helped to maintain a curtain of secrecy, misunderstanding and conflicting emotions about this family problem all of which have significant consequences affecting the management of sexual abuse cases brought to public attention.

Secrecy

The aspect of secrecy affects intervention in several important ways. Firstly, it prohibits public reporting of possible incidents of sexual abuse to mandated authorities. The reporting of any family to a public authority is difficult for most citizens and professionals. Our society values and respects highly the privacy of individuals and families. This accepted principle acts as a buffer or deterrent to reporting a family for reasons of inadequate or inappropriate parenting. The decision to report is more difficult when it involves a topic or a behaviour which is considered inappropriate for public discussion. It is especially difficult if the reporter believes he or she may be asked to provide details of sexual behaviour and to identify and discuss various body parts.

A second effect of the secrecy factor on intervention is that it restricts purposeful family disclosure of the sexual abuse of children. If the topic is considered too abhorrent for open public discussion, it is unlikely that a family will disclose itself as having a sexual abuse problem. The taboo assists in keeping the problem hidden within the family. No one wishes to announce that they have a problem which no one can bear talking about. Fear of potential community labelling and ostracism provides little opportunity for the family to present their "moral leprosy" for treatment.

Notes:

Thirdly, secrecy affects the profesional response to sexual abuse of children. Like the community and families involved in sexual abuse, professionals have tended to deny the existence of the phenomenon, or their association with it. This denial has limited professional identification and reporting of sexual abuse. It has also hindered professionals in obtaining expertise and training in this area of family dysfunction. It is no coincidence that sexual abuse of children has been the last area of child maltreatment to receive full professional scrutiny and discussion. Nor is it a coincidence that until five years ago the number of publications dealing with sexual abuse was extremely small and limited. Nor is it a coincidence that few specific child sexual abuse intervention/treatment programs currently exist.

Misunderstanding

Sexual abuse of children remains a misunderstood crime in today's society. The taboo which has thwarted public discussion of the topic has also encouraged the growth of myths about sexual abuse. Today, myths and misunderstandings permeate our knowledge of child sexual abuse. What are some of these myths?

Myth #1 Child Sexual Abuse is a rare phenomenon

It is still commonly held that the incidence of child molestation is very infrequent. However, statistics from numerous studies and child abuse registers (see Chapter (1)) suggest that this type of abuse is relatively common. Additionally, it is commonly believed that sexual abuse of children involves an isolated incident which is not repeated. Repeated incidents over a long period of time are considered to be rare. Again there is no foundation to this belief. Reliable statistics substantiate that family sexual abuse, unless subject to disclosure is repetitive in nature and may extend for months or for several years. In fact the incidence of isolated episodes of family sexual abuse of children is rare. (see Chapter (1)).

Notes:

Myth #2 The Perpetrator of Sexual Abuse is a Stranger to the Child Victim

Perhaps it is easier to accept the possibility of a stranger abusing a child sexually, rather than a member of the child's family. Perhaps our denial of sexual abuse is strong when we are faced with the suggestion that family members are sexually active with their children. Whatever the reason, the myth of the "dirty old man in the bushes", the faceless stranger, as the perpetrator is still popular. While sexual assault and molestation may involve a stranger, the current practice reality is that 75% - 85% of all reported cases of child sexual abuse involves perpetrators who are family members and therefore well known to the child. The great majority of these perpetrators are parental figures. These are either biological parents or those who exercise an ongoing parental relationship to the child. (see Chapter 1)

Myth #3 Male and Female Children Equally Involved

The majority of family sexual abuse involves fathers and daughters. The American Humane Association's research into the sexual abuse of children (see Chapter 1) reported in 1969 that:

- offenders were predominantly males known to the child and between the ages of 17 - 60 years.
- victims were on a ratio of 10 girls to 1 boy and ranged in age from infancy to 16 years.

Statistics from the Ontario Child Abuse Register confirm this pattern. Based on an analysis of 263 reports of abuse received from June - December 1979, 76 reports involved verified cases of sexual abuse. 73 of the victims were females aged 2 - 15 years of age. All offenders were male.

Myth #4 The Child Provokes the Sexual Abuse

This insidious myth remains highly accepted. In likelihood the myth is a male projection and denial of their sexual feelings and behaviour towards dependent female children. This myth suggests that children who are sexually abused are overtly and excessively seductive and consequently overwhelm the adult male's morality and sense of parental responsibility. The blaming of the victim in situations involving rape, or sexual assault is a frequent occurrence. This tendency to blame the victim has been extended to child sexual abuse. The projection of blame on a female's seductive behaviour has long historical roots which reach

Notes:

back to the Garden of Eden. Some children who have been sexually abused may exhibit sexually provocative or inappropriate behaviour; however, this behaviour is a result of sexually abusive experiences. The seductive child who initiates sexual behaviour with an adult parent figure simply does not exist.

Regardless if the behaviour is actually initiated (or perceived to be initiated) by a child, this can never be accepted as a reason for an adult to sexually abuse that child.

A negative trend which complements and strengthens this myth is society's attempt to prematurely sexualize young children. Commercially, children are being promoted as "sexy little things", and being used to advertise various consumer items. Unfortunately, the implication of this type of commercialization is that young children are presented as desirable and perhaps willing and available sexual objects.

At the same time many parents are confusing attractiveness and popularity with sex appeal. In an effort to assist their daughters to be wanted and successful, they are encouraging the sexualizing of their appearances and behaviour at a premature age. The role idol of young girls has changed from Shirley Temple to Brooke Shields.

Myth #5 Sexual Abuse is a Sexual Aberration

The conceptualization of sexual abuse of children as a sexual problem belonging to the perpetrator is a widely-held but simplistic perception. At times it is convenient and reassuring to rationalize that the perpetrators of sexual behaviour with children are "sick" or "perverted" or mentally ill. This allows all of us to view them as a little less than human; dangerous individuals who should be put away. This thinking also allows us to put increased distance and differences between perpetrators and ourselves. In doing so we deny that we might at any time have sexual feelings towards family members other than our spouses.

Notes:

The concept of child sexual abuse as sexual deviance in the perpetrator limits our understanding of the problem and can prevent effective intervention. Sexual abuse of children involves other important concepts which need to be recognized. Firstly, sexual abuse is not just a perpetrator problem or a parent-child problem. It is more accurately a parent/parent problem or a family problem. Fixation with the abuser as a perpetrator or parent-child problem supports another aspect of this myth - mothers are generally unaware of the sexual abuse. Clinically, this is not the case. Generally, mothers are either directly or indirectly aware of the sexual activity between the perpetrator and the child.

Secondly, sexual acting out in the form of sexual abuse of children is frequently a response to non-sexual issues or needs. These could include the need for power, control or intimacy. Obviously, the particular needs will vary with the perpetrator, and the family and social context involved. What is more important, though, is that we consider sexual abuse as more than just a sexual problem of the offender.

Lastly, the concept of sexual abuse of children should include the component of the abuse of power. In many ways, sexual abuse of children could be considered a power problem as it involves a person in a position of legitimate power over a child abusing this authority and responsibility. Ultimately it is this abuse of power which facilitates opportunity, determines the extent of sexual activity and prevents disclosure.

Myth #6 All Children are Permanently Damaged Either Physically or Emotionally by Sexual Abuse

Physical and psychological sequelae usually accompanies childhood experiences of sexual abuse. The degree of damage varies in each situation and is dependent upon numerous variables (see Chapter 6). These variables include the family context, relationship with the offender, duration and type of sexual activity and the nature of any subsequent intervention. There are ample data to establish that not all children are permanently damaged by premature sexual activity. Indeed physical trauma is seldom involved in family sexual abuse. While coercion and explicit or implicit threats may be utilized to obtain the child's cooperation, physical force is seldom present. In addition, physical damage, as a result of sexual activity with the perpetrator, is rare and, if present, is seldom permanent. This contention is further validated by the fact that sexual abuse is seldom reported or diagnosed by means of physical findings or physical indicators.

Notes:

Emotional trauma is more prevalent in child sexual abuse. Although even here the extent of this trauma can range from minimal to severe, from short term to permanent. Given this range of sequelae for the abused child, it is interesting to speculate on the origins of the myth of automatic permanent damage. There is some credence in the notion that sexual abuse is perceived as a 'fall from innocence'; - a fall which is permanent. The perception of the victimized child as "damaged goods" is also prevalent. Perhaps then society reacting in abhorrence to a breaking of the sexual taboo assigns a permanent stigma to the child. Rather than the child being permanently affected by the sexual abuse itself, the child may be perceived by society to be permanently infected. If this is so, then it creates a double jeopardy for the child.

Other Myths

A number of other myths about sexual abuse continue to be widely held. These include such beliefs as:

- the child victim wants to leave home
- the problem is confined to low economic/social segments of society i.e., a problem of the poor.

Some of these myths are dealt with in other chapters. Other myths are not dealt with. The important point is to recognize the extent and durability of the myths which influence our understanding and response to child sexual abuse.

Conflicting Emotions

The sexual abuse of children, and particularly, the family sexual abuse of children, generates intense emotional reactions in most adults. The same range of reactions may be experienced by those in professional roles involved in such cases. The emotional reactions may be intense and conflicting. Reactions may range from concern to vengeance or disgust to curiosity.

It is important to recognize that such reactions, although natural, affect both our understanding and response to child sexual abuse. In fact "the response of those who discover cases, the agencies involved in handling them and of the community at large may be more reflective of personal attitudes towards the crime than of concern for the protection and emotional well being of the child victims". (1)

(1) Justice, Blair and Rita The Broken Taboo Human Sciences Press New York 1979.

Notes:

The Professional's Range of Emotional Reaction

Anger

- at child for not stopping/resisting the behaviour or for not telling someone about the abuse
- at the perpetrator for violating community norms, or using a dependent child to meet his/her selfish needs
- at the other parent or siblings for not protecting the child
- at other professionals for their lack of cooperation, knowledge, involvement, or sensitivity to the child/family.

Embarrassment

about investigating and discussing and reporting intimate sexual behaviour in explicit detail with:

- a child
- a perpetrator
- other professionals
- in public e.g., court, with a person of the opposite sex
- embarrassment for the child's and family's public exposure
- embarrassment about naming and discussing sexual organs e.g. penis, vagina vs "privates"

Hopelessness

- about preventing abuse
- about treating the family
- about successfully treating the child
- about lack of resources/time to deal with the problem
- about "proving" a case legally
- about inability to "rescue" child

Notes:

Revenge

- because the behaviour which occurred was unspeakable, bad or immoral
- because those responsible deserve the worst possible fate e.g., castration, life sentences "an eye for an eye"

  because those responsible don't deserve to care for children

Fear

- for the safety and recovery of the child
- for the victim's siblings
- of family's/perpetrator's aggressive behaviour
- of our inadequacy in handling the situation

Ambivalence

- about rescuing the child or preserving the family
- about helping or punishing the perpetrator and/or family members
- about community standards/expectations and whether these are appropriate
- about intervening or not intervening
- approach/avoidance behaviour characterized by revulsion and curiosity
- belief vs denial that such things happen

Empathy

- for the child's plight/condition
- for the family's predicament e.g. separation, public censure, criminal charges, etc.

Notes:

Guilt

- about punitive feelings
- about anger generated
- about inadequacy to handle the situation
- about our own curiosity for details.

Range of Community Reactions

Shock/Disbelief

- that this type of behaviour could occur
- that this could occur in their community
- that "this" family has such a problem

Disgust/Anger

- over child's behaviour
- over the perpetrator's behaviour
- over the family's behaviour
  e.g., how could they allow this to happen - they must have participated or even enjoyed it
- sinful, licentious, depraved acts
- over other persons sexual curiosity about the incident (but wanting to hear more themselves)

Retribution

Someone is to blame and should be severly punished:

a) the perpetrator

castration - he may do it again to our child

separation from family

separation from community - imprisonment (for life)

b) the child

they participated or provoked

child should be taken out of the home and placed somewhere else for corrective action

Notes:

c) family members

for colusion or failure to protect child

public exposure

ostracization

moral stigma

d) intervenors

for not preventing

for not knowing

for not intervening

for not punishing

for treating

Pity

for the innocent e.g., child, sibling, even the non-participting spouse.

Individuals and communities will react to child sexual abuse in different ways. However, the reactions will be intense and wide ranging. Without an awareness of the range of likely reactions, these emotional responses will intrude significantly on the management of sexual abuse cases.

Self-Study Questions

The following questions are presented to assist practitioners examine basic issues, dilemmas and personal reactions and beliefs regarding sexual abuse.

Sometimes our own attitudes and sexual experiences can be barriers to our effective intervention in cases of sexual abuse. So it can be helpful to get in touch with these.

1. Sexual abuse of children by family members, especially parents, make me feel .....

2. What reactions to sexual abuse am I personally likely to or have already experienced when dealing with

   a) an abused child

   b) the child's mother

   c) the perpetrator

   d) other professionals

3. I use the following techniques/approaches to assist in desensitizing myself and controlling my reactions to sexual abuse.

4. Consider how you first learned about sex. What effects might this have when working in the area of sexual abuse.

5. What
   (a) values do I have towards sexual behaviour?
   (b) attitudes do I have towards those involved in sexual abuse?

   How might these values and attitudes affect my handling of such cases?

6. Have you ever had an experience with an older person that caused you to feel uncomfortable because of sexual overtones? If so, how might this experience affect your practice?

It is easy to stereotype the sexual offender as "sick" or the offences as "Hideous". However, in practice this is not helpful or appropriate. The following questions may help to provide a more objective perspective.

1. If we were to be very honest with ourselves would we agree that everyone has at some time sexual feelings towards their parents, children, brothers and sisters?

2. What is the difference between physical affection which is needed by a child and physical contact that is sexual?

FURTHER READING

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"Incest - A Review and Clinical Experience" Pediatrics, 60 (Nov 1977) (p 696-701)

Rosenfeld, Alvin

"The Clinical Management of Incest and Sexual Abuse of Children" Medical Association, 242 (Oct 1979) 1761 - 1764

Rush, Florence

The Best Kept Secret (Chapter 7, 8, 15) Prentice-Hall Inc., New Jersey 1980

CHILDREN ON THE BLOCK
(from the Globe and Mail - March 9, 1981)

If it falls short of child pornography, and not all of it does, the trend toward using the child as a symbol of coy sexuality and an invitation to repressed pedophilia is repulsive in its own right. Magazines and manufacturers have dressed girls in their early teens in peek-a-boo outfits which might, in another context, invite prosecution under laws designed to curb the sexual exploitation of children.

This is a curious development which has crept upon us, ushered in perhaps by the successful exploitation of Brooke Shields, the 15 year-old model who, at the age of 10, was busy being photographed nude in bathtubs for European magazines. Her latest venture, reported in these pages last month, was a high fashion debut in Rome modelling "a navy blue evening ensemble with see-through lace top and wide taffeta bloomers"; she has made commercials for a jeans company murmuring the lines, "You know what comes between me and my Calvins? Nothing." and "If my Calvins could talk, I'd be ruined."

Time magazine, which views the trend toward pubescent models as a "campy fad", calls the jeans ads "naughty". They are not naughty. They deal, as Dorchen Leidholdt remarked the other day, in "eroticized images of little girls", placing youngsters in seductive poses which at once exploit and make a mockery of their youth; by their context in respected publications and on the air, they legitimize the concept of children as willing, even eager sexual partners. "What worries us," says Miss Leidholdt, member of the U.S. lobby group Women Against Pornography, "is that people are starting to regard these images as normal.

Take Lolita: Vladimir Nabokov's blackly comic 1958 novel about the sexual obsession of a middle-aged man with a precocious 12 year-old girl has, in the process of dramatization for the Broadway stage, involved the auditioning of hundreds of girls aged 13 years or less for a role which includes simulated sex. (The producers ultimately chose a 24 year-old for the part.) "The current production of Lolita," argues Manhattan pediatrician Helen Rodriguez-Trias, "is a vehicle for an ideology that says it's all right to exploit youngsters." Without having seen Edward Albee's adaptation, we can't be sure; but certainly the central conceit of Nabokov's book, that of a man who lusts after and ultimately consummates a relationship with a 12 year-old, is being mirrored in merchandising and advertising across Canada and the United States.

And this conceit, severed from its context in the novel, is dangerous; it paints girls who have barely entered puberty as knowing child-women who are consciously inviting male advances. When John Casablancas, head of a modelling firm, says (as he did in Time) that Brooke Shields embodies "the perfect synthesis of everything that will be successful in the '80's: a little bit of sex and a little bit of innocence... a lot of distinction and yet the warmth of youth", he is suggesting that a 15 year-old girl is the model of desirability for adults; worse, the notion that this is desirable, once it gains a certain currency, influences the behaviour and dress of young teenagers themselves. The state of a 15 year-old's emotions and capacity for dealing with an adult's sexual overtures are totally absent from the discussion.

Children, however attractive they may be and however sophisticated their bizarre posings in commercials may appear, are not adults in children's bodies. They are children in children's bodies. To pretend otherwise is to sanction the sexual abuse of children by adults, and to exploit that pretense, as a growing number of merchandisers are doing, is loathsome.

CHAPTER 3

RECOGNIZING FAMILY SEXUAL ABUSE OF CHILDREN

Notes

The first step towards an effective response to child sexual abuse is acceptance of the problem (Chapters 1, 2). The second step is acceptance of the legitimacy of the state's right to intervene in the life of families involved in sexual abuse. (see Principles of child protection services). The next very difficult step is the recognition or identification of sexual abuse.

Recognition of sexual abuse requires a basic knowledtge of:

- relevant legislation
- specific definitions of sexual abuse
- the range of sexual behaviours involved
- the possible physical indicators of sexual abuse
- the possible behavioural indicators of sexual abuse
- family dynamics or characteristics common in sexual abuse (see Chapter 4)
- the knowledge of sexual terminology and anatomical definitions (see Glossary of sexual abuse)

This chapter examines in detail each of these areas with the exception of family dynamics which is dealt with in Chapter 4.

Legal Aspects

Sexual behaviour of parents with children is proscribed by both the Criminal Code of Canada and the relevant Child Welfare legslation. In Ontario this is The Child Welfare Act.

Notes

The Child Welfare Act 1878

Section 47 of The Child Welfare Act 1978 defines child abuse as a condition of:

47(1) (a) physical harm

(b) malnutrition or mental ill health of a degree that if not immediately remedied could seriously impair growth and development or result in permanent injury or death

OR

(c) sexual molestation

What constitutes sexual molestation is not defined in the legislation. However, the term appears to include molestation of a child (under 16 years of age) by either a family or non-family member. A wide legal definition such as this provides the broadest protection to a child. The definition, however, is difficult to operationalize since it was not developed for clinical purposes. It provides no specificity regarding the various behaviours involved nor does it distinguish between the different categories of sexual abuse. To meet this need an attempt will be made later in this chapter to provide some operational definitions which assist in making a differential diagnosis in sexual abuse cases.

In addition, The Child Welfare Act 1978 prohibits the abuse of children.

Section 47(2)

> No person having the care, custody, control or charge of a child shall abandon or desert the child or inflict abuse upon the child or permit the child to suffer abuse.

The apparent intent of this Section is to outlaw abuse of children by omission or commission by their parents, guardians, substitutes or those temporarily responsible for their care and control. This Section would apply, then, to parents and parent substitutes such as foster parents, babysitters, child care staff, etc. On the other hand, it does not apply to incidents of child molestation by strangers or others not having the care, custody, control or charge of a child.

Notes

Relevant Sections of the Criminal Code of Canada

Sexual offences in general and sexual offences against children are detailed in the Criminal Code of Canada Part IV, "Sexual Offences, Public Morals and Disorderly Conduct". The most relevant sections are:

Criminal Code of Canada Section 138
Definitions

"guardian" includes any person who has in law or in fact the custody or control of another person

This definition is important in relation to child sexual offences and is consistent with the intent of Section 47(2) of The Child Welfare Act 1978 discussed above.

Criminal Code of Canada Section 143
Rape

"A male person commits rape when he has sexual intercourse with a female person who is not his wife,

(a) without her consent, or

(b) with her consent if the consent

i) is extorted by threats or fear of bodily harm,

ii) is obtained by personating her husband, or

iii) is obtained by false and fraudulent representations as to the nature or quality of the act."

Criminal Code of Canada Section 144
Punishment for Rape

"Everyone who commits rape is guilty of an indictable offence and is liable to imprisonment for life."

Criminal Code of Canada Section 145
Attempt to Commit Rape

"Everyone who attempts to commit rape is guilty of an indictable offence and is liable to imprisonment for 10 years."

Notes

These sections (143, 144, 145) are predominantly used in the prosecution of non-family members. As noted earlier, force of explicit threat is seldom used in family sexual abuse of children. Where such force or threat is present, these sections may be used in the prosecution of a family perpetrator. Generally speaking, the following sections are utilized respecting family sexual offences against children.

Criminal Code of Canada

Section 146	Sexual Intercourse with Female Under 14
Section 147	Age
Section 149	Indecent Assault on Female
Section 150	Incest
Section 153	Sexual Intercourse with Step Daughter, etc.

Section 146 Sexual Intercourse with Female Under 14

"146(1)

Every male person who has sexual intercourse with a female who

a) is not his wife
b) is under the age of 14 years

whether or not he believes that she is fourteen years or more is guilty of an indictable offence and is liable to imprisonment for life."

"146(2)

Every male person who has sexual intercourse with a female person who

a) is not his wife,
b) is of previously chaste character, and
c) is fourteen years of age or more and is under the age of 16 years.

Notes

Whether or not he believes that she is 16 years of age or more is guilty of an indictable offence and is liable to imprisonment for life."

This section relates only to male prepetrators and is generally used in situations where force or threat is not used, and may be applied to parental figures who are not the legal or biological father of a child.

Section 147 Age

"No male person shall be deemed to commit an offence under sections 144, 145, 146 or 150 while he is under the age of 14 years."

This section appears to make allowance for a variety of sexual behaviours between children and sibling. These behaviours are deemed exploratory, generally part of child development and not criminal in nature.

Section 149 Indecent Assault on Female

"(1) Everyone who indecently assaults a female person is guilty of an indictable offence and is liable to imprisonment for 5 years.

Indecent assault has not been defined but has been judged to be:

"assault - the intentional application of force to another person, without consent,

- plus circumstances of indecency." (1)

In general this section is utilized to prosecute perpetrators who indulge in forms of sexual molestation excluding sexual intercourse. Force, applied or threatened, is required. Again this charge is more frequently laid against non-family perpetrators.

(1) Information Paper: Sexual Offences Against The Person, Minister of Justice, Dec,1980 Ottawa:

Notes

Section 150 Incest

"Everyone commits incest who, knowing that another person is by blood relationship his or her parent, child, brother, sister or grandchild, as the case may be, has sexual intercourse with that person."

The term incest is the one most commonly used when incidents of family sexual abuse of children are discussed. Sexual abuse literature, professional discussion and media coverage make frequent mention of incest. However, there is great variation and considerable confusion in how incest is defined by different people.

Initially, incest referred to marriage prohibitions by blood relatives. It was used to define appropriate adult sexual relationships. Later incest was used to include adult sexual behaviour towards children. Some authors now equate sexual abuse and incest. Others consider all forms of family sexual misconduct with their children as incestuous. Three major definitions of incest currently prevail:

(a) Religious Definition

The Church concerned with regulating adult marriage and sexual relationship may define incest as involving marriage and consequently sexual intercourse with blood relatives. From time to time churches define tables of kindred or affinity and prohibit marriage between such kindred.

For example the Anglican Book of Common Prayer (2) table of affinity prohibited a man from marrying his:

Mother	Daughter
step-mother	daughter-in-law
mother-in-law	sister
grandmother	granddaughter
grandfather's wife	wife's granddaughter
grandson's wife	aunt
	niece

(2) Anglican Book of Common Prayer, University Press, Cambridge, 1959

Notes

(b) Legal Definition

The legal definition of incest (Section 150) is quite narrow. It does not consider marriage. It prohibits certain types of sexual relations with blood relative. Specifically it prohibits sexual intercourse (penetration) between a narrow range of blood relatives, including biological parent and child. Other forms of sexual activity between such relatives is not considered incest. Also, legally speaking sexual intecourse with a step-child, foster child or adopted child is not considered incest.

(c) Clinical Definition

Here practitioners may interchange incest with sexual abuse or sexual exploitation, or sexual molestation. Given the "aura of dread" and other negative reactions which still accompanies the term, incest, this expanded definition of incest is considered inappropriate. Defininig inappropriate parental physical contact with a child as incest limits the opportunity to de-escalate emotional reactions to sexual abuse and makes treatment more difficult.

Criminal Code of Canada

Section 153 Sexual Intercourse with Step daughter, etc.

"(1) Every male person who

(a) has illicit sexual intercourse with his step-daughter, foster daughter or female ward

is guilty of an indictable offence and is liable to imprisonment for 2 years."

This section is designed to protect dependent children from sexual intercourse with those, other than natural parents, who may be their guardian in law or in fact.

Two other sections of the Criminal Code are noteworthy and relate to sexual offences against male children.

Notes

Section 155 Buggery

"Everyone who commits buggery or bestiality is guilty of an indictable offence and is liable to imprisonment for 14 years."

Section 156 Indecent Assault on a Male

"Everyone who assaults another person with intent to commit buggery or who indecently assaults another male person is guilty of an indictable offence and is liable to imprisonment for 10 years."

Consenting adults over 21 years of age are exempt from these sections.

Future Legal Considerations

The Federal Government, through the Minister of Justice, has introduced legislation intended to make substantial amendments to those sections of the Criminal Code dealing with sexual offences. In addition, these amendments include both strengthened and new sections to protect children from sexual abuse and exploitation. This draft legislation - Bill C-53 is currently under discussion. It is considered likely that a final legislation package will be enacted late in 1982.

Major considerations in this Bill relevant to children include:

- An emphasis on the protection of children from sexual misconduct and severe penalties for sexual offences against them.
- The elimination of sexual discrimination. Sexual offences should apply equally to both male and female children.
- Abolition of the doctrine of recent complaint which implied that if the victim did not complain at the first opportunity consent was implied.
- Special attention is given to child pornography. Strong penalties for abusing children in this way, or for permitting such pornographic use are recommended.

Notes

- Sexual offences respecting certain behaviour e.g., sexual intercourse or indecent assault are considered under the more inclusive term of sexual misconduct. (3)

Operational Definitions

In attenpting to develop operational definitions, e.e., definitions which are helpful in practice, several considerations are necessary. These are:

1. Definitions should assist potential reporting persons to identify and report appropriate cases to child welfare authorities.

2. Definitions should assist the intervening practitioner to make a differential diagnosis of the type of abuse involved.

3. Definitions should be as consistent as possible between both legal frameworks, (e.g., Criminal Code and Child Welfare Act) and between profesisonal disciplines involved.

As a beginning step to meet the need for definitional clarity the following definitions are suggested.

Child Sexual Abuse

The involvement of children, by adults, in sexual behaviour or activities designed to stimulate a child sexually or to use a child for the sexual stimulation, either of the perpetrator or of any other person.

This is an all inclusive definition of child sexual abuse. It includes all sexual offences against children by adults, whether by family members or by strangers and whether or not force or coercion is involve. It does not include sexual behaviour or misconduct between children.

(3) Information Paper: Sexual Offences Against The Person
Minister of Justice Dec. 1980
Ottawa.

Notes

Child sexual abuse may involve one or more of the following:

(1) Sexual Exploitation

(a) Child Pornography

The use of children for participation in sexual explicit behaviour, intended to arouse sexual excitement or stimulation for the purpose of producing visual representations of this sexual behaviour.

(b) Child Prostitution

The use of children in sexual relationships for monetary or other profitable purposes.

Sexual exploitation of this nature is usually perpetrated upon children by strangers or non-family members. However, the type of sexual abuse of children can and does occur within families. Sexual exploitation may occur independently or in combination with other forms of sexual abuse.

When sexual exploitation occurs within a child's family, regardless of whether or not other forms of sexual abuse are present, it should be recognized that a serious problem exist and that extreme deviance rather than simple misconduct or inappropriate sexual contact is involved.

(2) Sexual Assault

Sexual misconduct committed against a child by an adult and involving force.

Sexual assault is usually defined by the Criminal Code. Degrees of sexual assault are usually established according to the amount of force used, and the type and amount of sexual contact. Generally, sexual abuse of children involving explicit force is committed by strangers or non-family members. Sexual assault may range from the traumatic but relatively minor misconduct of fondling to very serious situations involving bodily harm, physical abuse or rape. Sexual assault may be committed by a family member although this form of misconduct is infrequent. When force is utilized within a family context, the child is at greater

Notes

risk of repeated assault and of physical and emotional trauma. It should be recognized that a serious problem exists, perhaps involving sadistic or psychotic behaviour. Personality or character disorders may be present in the offender. Sexual assault on children should be differentiated from other forms of sexual abuse.

(3) Family Sexual Misconduct

As previously noted the great majority of reported sexual abuse of children occurs within the child's family and is perpetuated on a child by a member of that child's family group. Sexual misconduct within this context may range from genital fondling to sexual intercourse.

Family sexual misconduct differs in dynamics and circumstances from other forms of sexual abuse. Specifically, the activity takes place within the child's family home, by a family member who is known and trusted by the child. Overt force, violence or physical injuiry is rare. The family as a whole is involved in terms of setting up the conditions conducive to the occurrence and continuation of inappropriate sexual behaviour. Because of such difference, it is important to separate family sexual abuse from other forms of sexual abuse.

Sexual abuse is an inappropriate term for sexual contact between parents and children. This term emphasizes an abuser and a victim and so fails to consider family dynamics and contributing factors. It fails to recognize the involvement by commission or omission of other family members. This definition tends to define family sexual abuse as a one parent - one child problem. This is both a limiting and simplistic conceptualization. In addition, the utilization of the term "abuse" connotes violence rather than misconduct or inappropriate physical contact. The use of terms such as 'abuser' and 'abused' tends to stereotype and label those involved. This in turn may create intense and negative emotional reactions and responses within the community or those involved with the family. The labelling process also tends to create a permanence of status. The condition of being an 'abuser' or the damage done to the abused is perceived as enduring and heightens a punitive approach to resolution of the problems.

Sexual assault and sexual exploitation are also inappropriate definitions regarding family sexual misconduct as the offender of these forms of sexual abuse is rarely a member of the child's family group.

Notes

Family Sexual Misconduct is considered a more helpful designation as it stresses:

a) family involvement and family context

b) misconduct rather than abuse

Family sexual Abuse is best defined as:

- sexual contact or sexual activity between a child and an adult member of the child's family.

The specific nature of the sexual contact may vary from sexual fondling to sexual intercourse.

Incest is included in this definition. However, the use of the term incest, because of the myths and misunderstanding and intense negative emotions associated with it, should be restricted to its statutory interpretation, namely:

- sexual intercourse between specific blood relatives.

Although child protection staff may be involved with all types of child sexual abuse, sexual assaults and sexual exploitation primarily involves offenders unknown to or outside of the child's family group. Such cases are primarily the responsibility of law enforcement officials and the criminal justice system. Child protection services are primarily concerned with Family Sexual Misconduct and this training handbook concentrates on this specific form of sexual abuse.

Specific Forms of Family Sexual Abuse

The nature of the sexual contact or activity between a child an an adult family member may vary considerably. Usually there is a progression of behaviour from misconduct which is sexual in nature but minimal in terms of intimacy and psychological/physical consequences to misconduct which is sexually explicit, intimate and consequential. In assessing contact or activity which is sexual, it is important to consider, within the sexual climate of the family, whether the behaviour is physical affection of a non-sexual nature or physical contact which is or is intended to be sexually-oriented. All children need considerable physical affection to meet their need to feel loved, valued and worthwhile. In our efforts to identify and treat sexual abuse, it is important not to undermine parental confidence and spontanety in meeting their childrens' need for appropriate physical affection.

Notes

Specific forms of family sexual abuse include the following:

(i) Parental Voyeurism

Inappropriate overt or secret observation of a child in the process of dressing or undressing, bathing, or eliminating. In the intimacy of family life a certain amount of physical exposute is expected and natural. This is particularly evident between parent and child while the child is in a high developmentally dependent status e.g., early years. As the child moves towards independence, this physical exposure is generally restricted to the parent of the same sex, and increasing privacy towards the opposite sex emerges. When this process does not develop or is interfered with and a parent seeks opportunity for observing the child in a physically-exposed state, it is likely that such behaviour is voyeuristic and sexual in nature.

(ii) Parental Exposure

Inappropriate and deliberate adult disrobing ranging from exposing of genitals to complete nudity. Again a certain amount of parental disrobing is likely to be observed by a child and is natural and inevitable in family relationships. However, selective exposure of body parts, or selective exposure of a child when child and parent alone, or other inappropriate exposure is generally sexual in nature designed to stimulate the child sexually. Arranging for or encouraging a child to view parental sexual activity may also be sexual in its intent.

(iii) Sexual Touching or Fondling

The adult touches, caresses, rubs or fondles various parts of the child's anatomy with a view to stimulating themselves or the child sexually. Primarily this behaviour is directed towards meeting the adult's needs. Specific body parts which are usually fondled include:

breasts
buttocks
genital areas
thighs
mouth

Fondling may occur clothed or unclothes. Prolonged and tight hugging involving older female children may be designed to facilitate contact with the child's breasts. Prolonged mouth to mouth kisses or "French" kissing between adults and children many be sexual in nature. Brief accidental touching is not considered fondling.

Notes

(iv) Masturbation

Masturbation or attempts of masturbation of various forms with both adult and child present is considered sexual misconduct and may involve one or more of the following behaviours:

child masturbates self and/or adult

adult masturbates self and/or child

both masturbates self and/or each other

rubbing of the penis against the child's body

(v) Oral genital contact

This may involve fellatio: oral genital contact and/or stimulation involving either a child placing an adult male's penis in his/her mouth or cunnilingus: oral genital contact requiring to place his/her mouth on the vulva or vaginal areas of an adult female - or an adult to place his mouth on the vulva or vaginal areas of a female child.

(vi) Penetration

Involves behaviours which result in the penetration of a child's vagina or rectum. Penetration may occur through insertion of fingers, objects or penis.

Indicators of Family Sexual Abuse

The identification of family sexual abuse requires a knowledge of the indicators of sexual abuse associated with the spectrum of misconduct previously detailed in this chapter. Indicators in themselves do not constitute proof of sexual abuse. Rather indicators are signs or symptoms which alert the practitioner to the possibility of abuse. Three categories of indicators are diagnostically significant:

a) Physical indicators

b) Behavioural indicators

c) Specific family characterics (dynamics)

Notes

The ability to recognize and interpret physical and behavioural symptoms and family patterns which contribute to sexual abuse is crucial in the identification process. Physical and behavioural indicators will be considered in this chapter while specific family characteristics are considered in Chapter 4.

Physical Indicators of Family Sexual Abuse

Physical indicators are seldom present, or discernable to either non-medical or medical observation in family sexual abuse cases. The nature of family sexual abuse, namely, the absence of force and the gradual progression of sexual activity preclude physical symptoms in most cases. The exceptions are situations involving the use of force, pregnancy or veneral disease.

So possible physical indicators are:

(i) Pregnancy

Pregnancy in a young female 12-16 years may be the result of peer or sibling sexual activity. It may also be the result of family sexual abuse. This latter possibility should be considered especially where other indicators are present.

(ii) Venereal Disease

Venereal disease in the form of syphilis, gonorrhea, or herpes may be contracted by a child who experiences sexual abuse. Infection of the genital or rectal areas is possible when penetration occurs. Oral genital contact (most likely fellatio) may cause infection of the throat.

(iii) Physical Trauma

Physical trauma to various body parts may be present. Again such indicators are relatively rare. However, if force or sudden sexual penetration occurs, injury in the form of laceration, bruising or bleeding may result.

(a) Genital Area

Within the context of family sexual abuse, trauma to the genital area, when present, is usually found in a female child. This may cause itching, bleeding or pain. Discomfort may also occur due to the painful discharge of urine. Torn or stained clothing may be observable. The cervix, vulva or perineum (see glossary) may be red or swollen.

Notes

(b) Rectal Area

Injury to the rectal area, when present, is usually found in male children. Lacerations and/or bruising may be present. The child may experience itching, pain or bleeding associated with this trauma. Discomfort may also occur during defecation.

(c) Oral

In rare occasions involving forced fellatio, lacerations or bruises to the lips or mouth may be present.

(d) Other Areas

Occasional trauma associated with forceful sexual abuse may be observable to the breast or thighs.

(iv) Semen

Where ejaculation or penetration has occurred, seman may be present on clothing, skin, genital or rectal areas.

(v) Abnormal Genital or Anal Dilation

Abnormal dilation of the anal and vaginal openings may be present and indicative of abuse. However, penetration without force over time may leave no diagnostically significant trauma.

Behavioural Indicators of Family Sexual Abuse

Children who are sexually abused may exhibit certain types of behaviour which are diagnostically significant. "More than a simple reaction to the abuse itself these behaviours may reflect the child's response to disturbed family or parent-child relationships." (4) these behavioural manifestations are a child's means of coping with a situation which they are unable to deal with or have difficulty handling. Children experience tension and stress throughout their childhood. They develop regular normal coping mechanisms for releasing this tension. Normal coping mechanisms usually include behaviours such as physical activity, play, crying, factasies (e.g. daydreaming or night dreams). However, when these behaviours fail to reduce anxiety or excessive stress, other symptomatic behaviours may develop. These behaviours indicate that that a child is experiencing severe strain, or emotional stress and is unable to cope effectively with this tension.

(4) Curriculum on Child abuse and Neglect "We can Help" U.S. Dept. of Health Education and Welfare 1979 DHEW Publication No DHDS 79-30220

Notes

Great care should be taken when evaluating a child's behaviour. Behavioural changes or symptoms may be due to a variety of casual factors, all of which may be unrelated to sexual abuse. For example, a death in the family, parental separation or other emotional traumatic experiences may result in the child developing behavioural symptoms. While these behaviours may indicate that the child needs help to deal with "something", this "something" need not be sexual abuse. To evaluate behaviour, practitioners should be knowledgeable regarding:

- Child development
- the specific developmental phase of the child being evaluated.
- the regular coping mechanisms of children in this developmental phase.

Specific questions which should be addressed by the practitioner when evaluating a child's behaviour are:

1. Is the child's behaviour within the range of regular coping behaviour used by children in the appropriate developmental phase?
2. Has there been a marked gradual or sudden change in the child's behaviour?
3. Are a number of behavioural symptoms present at the same time?
4. What is the intensity of these behaviours? Is this excessive?
5. Are the behavioural symptoms transient or enduring?
6. Are there developmental or situational crises (within or outside the family) affecting the child which account for the behaviour?
7. Are there specific physical problems which may account for the behaviour?

Specific Behavioural Indicators to Consider
Children under five (5) years of age

Night Terrors

Night terrors are not uncommon in this developmental phase. Sudden, intense and lasting night terrors may be symptomatic.

Notes

Altered Sleep Patterns

Children who have been sexually abused may experience fear at bedtime, may have difficulty falling asleep and have 'active nights' with periods of wakefullness or activity. Considering that most family sexual abuse occurs at night within a bedroom such disturbances are not surprising.

Fear States or Phobias

The sudden development of strong phobias may be significant especially if these phobias have themes of violence, victimization or being left in the house alone.

Regression

Regression in the form of behaviours associated with an early stage of development may be present. These may take the form of excessive clinging behaviour, bedwetting, fantasizing.

Hyperactivity

The development of uncharacteristic hyperactive behaviour may be present in some younger children.

Inappropriate sex Play or Understanding

this may take the form of inappropriate activities of a sexual nature:

- through play with toys such as dolls
- through play with other children, especially where the child imitates this behaviour
- through play with themselves, especially autoerotic behaviour.
- preoccupation with any of these forms of sex play may be present.

Children who have been sexually abused may also exhibit an inappropriate level of understanding regarding sexual behaviour or may verbalize inappropriate explicit description of sexual activities.

Notes

School Aged Children

Behaviours exhibit by preschool children may also be found in some school aged children, especially younger children, in this category. In addition, other behavioural indicators may include:

Withdrawals

Unusual or uncharacteristic prolonged periods of social or physical withdrawal may be indicative of sexual abuse. Spending excessive time alone, in a special place, in fantasy, or avoiding peers or physical affection may be significant in this age group of children. Withdrawal may also be associated with a general depression symptomatic of the abuse.

Hysteria

Hysteria demonstrated by a lack of control over emotions may be present.

Massive Weight Change

Sudden and extreme weight changes may be exhibited by a child under severe stress. Weight changes may be either sudden weight gain or weight loss. (Organic causes unrelated to sexual abuse should also be considered).

Role Reversal

Older children in the school age group may demonstrate inapproproate role reversal. Role reversal occurs where children are required to take on roles of responsibilities of an adult nature or which are inappropriate for their developmental phase.

Common characteristics of role reversal found in children involved in sexual abuse include:

- pseudomature behaviour
- assumption of homemaking responsibilities such as chores, childcare
- assumption of spousal role, e.g. spending inappropriate time alone with parent of opposite sex, especially in meeting this parent's need for intimacy or physical affection.

Notes

Role reversal may also affect the child's ability to relate at an age appropriate level with peers.

Inappropriate Seductiveness

As a result of premature sexual activity initiated by an adult, a child may develop excessive seductiveness. This is learned behaviour as the child is conditioned to respond in such a manner in order to receive affection, nurturing and expressions of parental caring. Unfortunately in this situation, children are taught that being sexy is a precondition to being wanted and accepted.

Sudden School Difficulties

School observations of children who have been sexually abused are important as they provide an independent (non-family) perspective on the child's behaviour. School personnel may notice important behavioural indicators which may include:

- inability to concentrate
- sudden and extreme drop in academic performance
- excessive withdrawal and poor peer relationship
- significant changes in attendance patterns

Adolescents

Adolescent children who have been sexually abused may exhibit behavioural symptoms associated with abused school aged children. Additional behavioural indicators may be present and significant for this category of children.

Excessive Seductiveness

Seductive behaviour described in school age children may become more pronounced and overt in this age group.

Role Reversal

Assumption of spousal and parental responsibilities may be more pronounced.

Notes

Chronic Depression

Depression may be severe for the age of child and suicidal thought or tendency may be present.

Poor Self Esteem

Involvement of dependent children in premature sexual behaviour and especially sexual behaviour with a parent leads to feelings of being different. As the child enters adolescence, peer values provide a heightened awareness that this sexual activity is wrong or bad. Consequently, the child develops negative feelings about himself. These feelings may be characterized by "I'm dirty", "I'm bad, I'm different", etc. They are compounded by the pseudomaturity associated with role reversal which further sets apart the child from his peer group.

Poor self esteem may be demonstrated through:

- poor peer relationship
- lack of involvement in appropriate activities
- self abusive behaviour such as

  drug abuse
  prostitution
  suicide
  running away

Psychosomatic Complaints

Psychomatic complaints of various types over a continuous period of time should be considered as a sign of alert to the possibility of sexual abuse.

In summary, physical and behavioural indicators may provide important clues that a child is being sexually abused. They should be interpreted carefully within the context of parent-child relationships and family dynamics frequently associated with family sexual abuse.

CASE HISTORY

The case history which follows provide an opportunity to practice identification skills.

Instructions

1. Carefully read the case history
2. Answer the three discussion questions

CASE HISTORY

The Bellamy Family

Sara Bellamy, 13, was called in to her school counsellor's office to talk about her sharply falling grade average. In the course of the interview, Sara confides that she may be pregnant. When the counsellor advises her to discuss her fear with her parents, Sara becomes hysterical. In between sobs, she says that she has been having intercourse with her father, a prominent local lawyer since she was 11 years old. She says he has threatened to send her to jail if she ever tells anyone - especially her mother, who has suffered for years from a heart condition. Now she is afraid to go home.

The counsellor calls Sara's parents, who arrived at school 45 minutes later. The counsellor finds them very controlled; they profess to be shocked at Sara's accusation, and willing to cooperate in any way. Mrs. Bellamy appears rather vague, and unaware of any specifics about Sara's life; she agrees rather weakly with Mr. Bellamy's assertion that Sara has always been a problem child, and is now a liar and sexually promiscuous as well.

Despite her protestations of cooperation, however, Mr. Bellamy refuses to permit any outside counselling, stating vehemently that the family doctor will examine Sara to determine if she is pregnant, and that he, Mr. Bellamy, will see to it that she stays out of trouble in the future. It becomes clear to the counsellor that Mrs. Bellamy has little say in matters of Sara's discipline.

In reviewing Sara's school records before the Bellamy's arrived, the counsellor notes that Sara has always kept herself apart from other children, was medically excused from her sixth grade physical education class by the family doctor, and was described by her seventh grade teacher as sexually provocative in manner and dress.

DISCUSSION QUESTIONS

1. What physical indicators are present to support a determination of sexual abuse?

2. What behavioural indicators are present in Sara?
   In her parents?

3. What additional information, if any, would be needed to make a final determination in this case?

Physical indicators

Behavioural indicators

Additional info needed

FURTHER READING

A. Legal Aspects

Bill C-53 — An Act to amend the Criminal Code in relation to sexual offences and the protection of young persons.....

Information Paper: — Sexual Offences Against the Person and the Protection of Young Persons

Minister of Justice, December, 1980, Ottawa

Law Reform Commission of Canada
Report on Sexual Offences, 1978, Ottawa

B. Identification

Herjanic, B. — "Sexual Abuse of Children: Detection and Management," Journal of the American Medical Association, Vol 239, Jan 1979

Justice, Blair and Rita — The Broken Taboo, Chapter 10
Human Science Press, N.Y. 1979

Sammit, R. — "Sexual Abuse of Children: A Clinical Spectrum:" American Journal of Orthopsychiatry, April 1978

Sgroi, S. — Handbook of Clinical Intervention in Child Sexual Abuse, Chapter 2, Lexington Books, Toronto, 1982

GLOSSARY OF TERMS

The following terms may be used in medical, legal or social discussion regarding sexual abuse. The words and definitions contained in the glossary are both technical and graphic. The explicit nature of the glossary may be upsetting, uncomfortable or embarrassing to some readers. However, it is impossible to work professionally in the field of sexual abuse without discussing in detail sex, sexuality, sexual acts and specific body parts. Familiarity with the terminology of the glossary will increase the practitioner's comfort level with sexual details, aid in discussions with other professionals, and assist in formulating a precise understanding of what specific activities or physical indicators regarding sexual abuse may have occurred or have been disgnosed.

ABORTION - the premature expulsion from the uterus of the products of conception (the embryo or nonviable fetus)

ANAL INTERCOURSE - intercourse involving penetration of the anus

ANUS - distal or terminal oriface of the alimentary canal; posterior opening of the large bowel

AUREOLA - area surrounding the nipple

BESTIALITY - Sexual relations, in any manner by a male or female with an animal

BREASTS - anterior aspect of the chest, often applied especially to the modified cutaneous structure that contains, in the female, elements which secrete milk

BUGGERY - Anal copulation

CERVICAL CUFF - small bandlike structure encircling the cervix

CERVIX UTERIA - (often referred to as "cervix") the lower and narrow end of the uterus between the isthmus and the ostium

CHILD PORNOGRAPHY - using a child in pictures to depict erotic behaviour intended to arouse sexual excitement or stimulation

CHILD PROSTITUTION - a form of sexual exploitation in which a child is used in sexual relationships for monetary or other profitable purposes.

CLITORIS - a small, elongated, erectile body, situated at the interior angle of the rema pudendi in women

COITUS - sexual union between individuals of opposite sex

CONDOM - a sheath or cover for the penis, worn during coitus to prevent impregnation or infection

COPULATION - sexual congress, coitus

CUNNILINGUS - oral genital contact requiring a child to place his/her mouth on the vulva or vaginal areas of an adult female - or an adult to place his mouth on the vulva or vaginal areas of a female child

D AND C - abbreviation for diliation and curettement (dilation of the cervix and curettement of the uterus)

DOUCHE a steam of water, gas or vapor directed against a part or into a cavity such as the vagina

EJACULATION - a sudden of expulsion, as of the semen

ERECTION - a condition of being made rigid and elevated

EXHIBITIONISM - the display of one's body or parts (usually genitals) for the purpose (conscious or unconscious) of attracting sexual interest

FALLOPIAN TUBES - either of the pair of tubes conducting the egg from the ovary to the uterus

FELLATIO - oral genital contact and/or stimulation involving either a child placing an adult males penis in his/her mouth or an adult placing a child's penis in his/her mouth

FETUS - the unborn offspring of any viviparous animal; the developing young in the human uterus after the end of the second month. Before eight weeks it is called an embryo; it becomes an infant when it is completely outside the body of the mother, even before the cord is cut

GESTATION - the carrying of the young in the uterus

GLANS PENIS - a conical vascular body forming the extremity of the penis

GONADS - one of the primary sex glands that include ovaries and testes

GONORRHEA - a highly contagious bacterial infection of the genital urinary system transmitted chiefly by coitus

GYNECOLOGY - that branch of medicine dealing with disesases of the reproductive organs in women

HYMEN - the membranous fold which partially or wholly occludes the external surface of the vagina

INCEST - sexual intercourse between an individual and his or her paremt, child, brother, sister, grandparent or grandchild

INTERCOURSE - coitus, copulation

LABIA MAJORA - the outer fatty folds bounding the vulva

LABIA MINORA - the inner, highly wascular, largely connective tissue folds bounding the vulva

LESIONS - abnormal changes in structure of organ or part due to injury or disease

MASTURBATION - erotic stimulation of the genital organs commonly resulting in orgasm achieved by manual or other bodily contact exclusive of sexual intercourse: by instrumental manipulation; occasionally by sexual fantasies; or by various combinations

MENARCHE - the establishment or beginning of the menstrual function

MENSES - the periodic discharge from the vagina of blood and tissues from a non-pregnant uterus

MISCARRIAGE - expulsion of a human fetus before it is viable and especially between the twelfth and twenty eights of gestation

ORGASM - the crisis of sexuall excitement

OVARY - The sex gland in the female in which the ova are formed. The functions are ovulation and reproduction of hormones

PARAPHILIA - aberrant sexual activity; expression of the sexual instinct in practices which are socially prohibited or unacceptable or biologically undesirable

PEDOPHILIA - a morbid interest in children; sexual perversion towards children

PENETRATION - the act of piercing or entering deeply

PENIS - the male organ of copulation comprising a root, body and extremity, or glans penis

PREINEUM - pelvic floor and the associated structures occupying the pelvic outlet

PROPHYLAXIS - the prevention of disease; preventive treatment

POSTATE - a firm partly muscular, partly glandular body that is situated about the base of the mammalian male urethra and secretes an alkaline viscid fluid which is major constituent of the ejaculatory fluid

RAPE - not medically defined; generaly, unlawful sexual intercourse by force or threat

RECTUM the terminal part of the intestine from the sigmoid flexutre to the anus

SCROTUM - the pouch which contains the testes and their accessory organs

SEMEN - the thick, whitish secretion of the reproductive tract that is variously formed in different mammals, is connected with the seminal duct, and serves for temporary storage of semen

SODOMY - a form of paraphilia; it is variously defined by law to include sexual contact between humans and animls of other species, and mouth - genital or anal contact with humans

SPERM - the semen or testicular secretion

SYPHILIS - a contageous venereal disease leading to many structural and cutaneous, lesions, due to a micro-organism. It is usually transmitted by direct contact. Its primary local seat is a hard or true chancre (sore or ulcer), whence it extends by means of the lymphatics of the skin, mucosa, and to nearly all the tissues of the body, even to the bones and periosteum (membrane of connective tissue that closely invests all bones)

TESTICLE - the male gonad; an egg shaped gland (normally situated in the scrotum) which produces spermatozoa

URETHRA - the membranous canal conveying urine from the bladder to the exterior of the body

UTERUS - the hollow muscular organ in female animals which is the abode and the place of nourishment of the embryo and fetus.

VAGINA	the canal in the female, extending from the vulva to the cervix utori, which (in copulation) receives the penis
VAGINITIS	- inflamation of the vagina
VENEREAL DISEASE	- a contageous disease (such as gonorrhea, syphilis or herpes) which is typically acquired in sexual intercourse.
VULVA	- the region of the external genital organs of the female
WASSERMAN TEST	a test for syphilis.

CHAPTER 4

THE CHARACTERISTICS OF SEXUAL ABUSE

Notes

Understanding the characteristics commonly associated with sexual abuse is essential for both diagnostic and treatment considerations, and it is important that professionals responsible for assesing and treating child sexual abuse have a thorough understanding of these characteristics.

Diagnostic Considerations

The diagnosis of sexual abuse is seldom made on the basis of physical indicators associated with the abused child or findings from a medical examination of the child. Verification of alleged sexual abuse is more likely to be determined on the basis of:

(a) the credibility ascribed to the history presented by the child

(b) the substantiation of the child's report through the presence of "the incestuogenic pattern with identifiable individual and interpersonal characteristics in all family matters" (1)

Consequently the identification of these common characteristics is an important component in the process of identifying and assessing sexual abuse.

Treatment Considerations

Effective intervention in cases of sexual abuse requires a sound knowledge of the characteristics (dynamics) associated with the families and participants involved in such activities.

(1) Zaphiris, A. Incest: The family with two known victims American Humane Association, Colorado 1978.

Notes

A knowledge of these characteristics provides a framework for understanding precipitating factors and those factors which support the maintenance and secrecy of the sexual activity. Such a framework can also assist the practitioner in developing strategies aimed at breaking the incestuogenic pattern and establishing treatment goals for each of the participants, and for remediating the negative effects of the sexual abuse experienced by the child.

In the process of attempting to understand sexually abusive families, it is important to accept the fact that there is no one profile of such families and no one profile of the participants involved. Nor is there one explanation which accounts for all forms and types of sexual abuse. It is also important to keep in mind that "preconceived ideas about the dynamics of any behaviour can lead to extremely selective preceptions and fallacious conclusions". (2)

Since father-daughter sexual abuse is the most commonly reported form of family sexual abuse, the characteristics of this form of sexual abuse will be examined in detail in this chapter. Other forms of family sexual abuse will be considered in Chapter 7.

Etiological Considerations

A number of theories have been presented to explain why a parent (father) initiates and engages in sexual activity with his daughter. While none of these theories explain fully the casual factors present in all occurrences of father-daughter sexual abuse, they do provide a starting point for beginning to understand this phenomenon. These theories suggest that there is no single cause-effect relationship involved in family sexual abuse. Rather, a number of interrelated etiological factors may combine to precipitate and account for such behaviour. Social, individual and family casual factors are given prime importance in most theoretical formulations.

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(2) Blay, R. Incest - Unpublished Paper.

Notes

(a) Social Causal Factors

Three major explanations have been advanced from a social perspective to account for family sexual abuse.

Male Supremacy

Feminists, noteably (Brownmiller 1975 and Rush 1978), have suggested that the existence and prevalence of a male dominated cultural context is the root cause of exploitation of females, including the sexual exploitation of dependent female children. This formulation suggests that in a society where males are supreme in terms of their power position over females, it is common for men to see women and children as their exclusive property. As long as men and women are not considered equal in society, it is held that men will exploit their power position over females. This in turn conditions females to be subservient, accommodating, dependent and passive.

Additionally, this theory suggests, in relation to sexual abuse, the male considers sexual activity with his daughter as his right, while the daughter is conditioned to passively tolerate this behaviour and does not restrict or disclose the father's incestuous activity. The fact that the majority of perpetrators, of both sexual abuse of children and sexual assault of adult females, are males and the victims females, gives credence to this theory.

The theory of male supremacy holds that until there is sexual equality between men and women, women and female children will always remain sexually vulnerable and will likely be sexually victimized.

Social Isolation

The increasing social isolation of individuals and families is frequently presented as the cause of sexual abuse within families.

A number of factors are considered to contribute towards a sense of social isolation and alienation. Such factors include:

- increase mobility of families
- frequent career changes

Notes

Families are much more mobile than they were twenty years ago. It is now common for families to change residence, community and geographic location frequently during their life time. Frequent moves result i. a lack of permanence or of putting down roots. It also may hinder the development of close supportive and lasting relationships outside of the family. Increased mobility is also associated with employment transfers or career changes, thus making vocational relationships somewhat transient.

- rapid and excessive change

Societal change is more rapid than ever. It requires more resources and capabilities in order to comprehend and adjust to the rapid economic, technological and social changes taking place in out environment.

The extent and rapidity of these changes produce both stress and an increasing sense of social isolation. (Toffler 1971) While change and stress do not cause sexual abuse "What excessive change does is to bring out tendencies that otherwise may remain under control." (3)

- diminishing social networks

The demise of extended family networks, along with a dminished sense of community and neighbourhood further contributes to the family's sense of isolation. Traditional support networks of kin and community are seldom available to families today. Instead individuals are forced to find such support from within the nuclear family system.

This increasing social isolation may create in individuals a pervasive sense of loneliness and according to this theory sexual abuse is a symptom of isolation and loneliness. Isolation is considered a causal factor for two reasons. Firstly, it weakens the external controls applied to individuals and family behaviour so that all kinds of deviance can increase.

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(3) Justice, Rita & Blair The Broken Taboo, Human Science Press, New York, 1979.

Notes

Secondly, it prevents the establishment of intimate personal relationships outside of the family. The need for belonging, closeness and warmth are required to be met almost exclusively by the family. This stress on the family to meet all the social and intimacy needs of its members, may result in parents inappropriately turning to their children for intimacy, affection and even sex.

Sexual Permissiveness

This theory suggests that changing sexual values and the resultant societal permissiveness causes sexual abuse. Societal sexual permissiveness has been accompanied by increased pornography, explicit sexual activity depicted in movies, plays and television. In addition, society has developed increased tolerance towards all kinds of sexual deviancy e.g., group sex, wife swapping, sadomasochism. Indeed societal sexual values have changed rapidly to the point where "anything goes" and all conventional mores regarding sexual behaviour are being challenged. In this regard, the prohibition of sexual activity between parents and their children is just one more sexual restriction being challenged in the wave of sexual permissiveness. It is argued that this sexual permissiveness weakens the incest taboo and thereby contributes to increased occurrence of incestuous behaviour.

(b) **Individual Causal Factors**

A variety of theories have been developed which attempt to explain sexual abuse of children as primarily a problem within the perpetrator or victim. Here the focus of the problem is considered to be in the background history and personality of the individuals involved. In these theoretical approaches, etiology is considered intrapersonal in nature, rather than interpersonal or related to cultural/social factors. To date no one theory regarding the psyche of the individuals involved has explained satisfactorily why and under what conditions a parent will engage sexually with their children. Current theories supporting the primacy of individual causal factors are somewhat general in nature and are therefore not exclusive to explaining sexual abuse. These theories may also be used to explain a variety of deviant or pathological behaviour. Therefore, until more specifically formulated, these theories, while helpful in considering causal factors, are inconclusive in nature.

Notes

Mental Illness

Initially, in the search for understanding the cause of sexual abuse, a heavy emphasis was placed on the theory that perpetrators were mentally ill and that deviant sexual behaviour was primarily a symptom of their psychopathology. It is possible this conceptualization was a result of focusing on sexual abuse perpetrating a stranger. The psychopathic molester who victimized unknown children was commonly accepted as a an accurate depiction of the offender for many years. It is likely that this view of the perpetrator was generalized to include fathers who violated sexual taboos. It is also possible that society needs to project this stereotype of the psychotic offender in order to deny its own incestuous thoughts and to separate itself as much as possible from such deviant behaviour. Viewing offenders as mentally ill achieves such a differentiation. However, as our knowledge of sexual abuse increases, this theory is being given less importance and is considered to apply only to a small minority of offenders.

As noted by Justice and others:

"The typical person who commits incest is not oversexed, is not a psychopath and - does not have psychotic tendencies". (4) Nor do all persons diagnosed as psychopathic engage in incestuous behaviour.

Developmental Experiences

Because much of the research regarding individual causal factors is psychoanalytic in orientation, considerable importance has been placed on the early developmental experiences of perpetrators as the genesis of their sexual deviance.

Some researchers have postulated that sexual trauma in childhood is a prime causal factor for subsequent sexual abusive behaviour.

Groth (1979) in a study of 346 rapists and child molesters found that the life histories of these offenders revealed a higher incidence of sexual victimization than those of non offenders. In many cases, there was a correlation between their own childhood victimization and the offences which they perpetrated. Approximately one third (1/3) of these offenders had a life history which included sexual trauma in childhood.

(4) Justice, B. & R. The broken Taboo, Free Press New York, 1979

Notes

Freud (1966) Frances (1976) and others have postulated that non resolution of the Oedipal conflict results in the development of neurosis in individuals and subsequent deviant sexual behaviour. Specifically, it has been suggested that male perpetrators experienced absent, passive ineffectual father figures and dominant mothers who maintained an inappropriate overpowering symbiotic relationship. As a result, it is thought that such men become fixated at an early psychosexual stage of development. This in turn is held to prevent the development of appropriate adult peer hetrosexual relationships and a tendency to engage in sexual relations with female children, who are perceived as less threatening and more compatible sex partners.

Freud's later formulation put forward the concept that there is "a strong impulse in the child for sexual union with the parent, leading to fantasies and sometimes overt acts by the child. Psycho-pathology stemmed now not from sexual trauma with adult but, from falure to 'resolve the Oedipal situation', to give up the fantasies and transfer sexual impulses to more socially acceptable people". (5)

In this theory Freud suggested that the sexual abuse of children was related to factors within the victim. In other words, the child contributes to her own victimization. Here the responsibility for the sexual abuse is shifted to the victim and the concept of complicity is spawned.

Other researchers have highlighted aspects of this theory by suggesting that victims are:

(i) seductive

Bender (1937) Burton (1963) Gebhard (1965) suggested that there is some evidence that children who engage in sexual relations with their fathers are sexually attractive and at times seductive in behaviour and mannerisms. Therefore they may indeed be viewed as more the seducer than the seduced.

(5) Finkelhor, D. Sexually Victimized Children, The Free Press, New York, 1979.

Notes

(ii) consenting

By not resisting sexual relations with their fathers, it is suggested that these girls are indeed looking for and accepting of such a relationship. This explanation is proposed to account for non-restrictive behaviour, continuation of the sexual activity over extended periods, lack of overt force and failure to stop or expose the situation. In this regard Weinberg (1955) and Maisch (1972) noted promiscuous sexual relationships in a number of female children prior to sexual activity could both stimulate the father to engage sexually with a 'promiscuous' daughter, and the daughter to be receptive to such activity.

It has been suggested, in opposition to theories which postulate victim precipitation, that such formulations are typical male orientated defense mechanisms. The defence of projecting blame onto the victim is held to be necessary in order for the male majority to avoid the reality and consequences of their deviant sexual behaviour. Additionally, it is argued that no matter what behaviour is exhibited or perceived to be exhibited by a child, this cannot be promulgated as meaning that a child intends the behaviour to be provocative, or is a cause for sexual abuse. It is argued that if beauty is in the eye of the beholder, a child cannot be held responsible for precipitating sexual advances from the perpetrator.

(c) **Family Causal Factors**

Since the majority of sexual abuse occurs within the family system, researchers have begun to consider that sexual abuse of children is not a problem of individual family members but a family problem. A family systems approach as opposed to a psychoanalytic one appears to dominate current theoretical considerations of sexual abuse. Meiselman (1978), Henderson (1972), Justice (1979), Forward (1978), Lustig (1966), Sgroi (1981), Zaphiris (1978) and others suggest that the etiology of sexual abuse and especially father-daughter sexual abuse is to be found in the nature of the family system, the roles and interactions of family members.

Notes

In general this theory postulates that incestuous relationships are a symptom of severe family dysfunction. As noted by Henderson (1972) "The occurrence of overt incest is usually in the setting of a dysfunctional family and is accompanied by drastic role shifts so far-reaching as to constitute a virtual re-programming of the family unit" (6) In this regard role reversal, blurring of generational boundaries, marriage problems, and fear of desertion and abandonment are all considered frequent components of a dysfunctional family in which "incest is a possible outcome and sometimes even a solution to the family dilemma" (7)

In the development of the characteristics commonly associated with sexual abusive families, and in subsequent chapters dealing with intervention and treatment, emphasis will be placed on the family system's perspective as having most validity and relevance for practitioners dealing with cases of family sexual abuse.

Family Characteristics

While each family system is in itself unique some common identifiable characteristics do appear to be associated with families and individual participants involved in father-daughter sexual abuse. These distinguishing features are what Zaphiris (1978) terms the "incestuogenic pattern". Although no theoretical formulation adequately explains the etiology of incestuous father-daughter relationships, there is consensus among researchers regarding the existence of individual and family factors which are highly correlated with incidences of father-daughter sexual abuse. Because of individual differences the parameters of the "incestuogenic pattern" remains poorly defined, and this should be considered when assessing sexual abusive families. However, a predictable pattern and common characteristics are discernable in most cases and a profile of participants can be developed which has both diagnostic and treatment significance. Effective intervention requires that practitioners be cognizant of the "incestuogenic pattern" associated with father daughter sexual abuse.

(6) Henderson, D.J. "Incest: A Synthesis of the Data", Canadian Psychiatric Association Journal, August, 1972.

(7) Finkelhor, D. Sexually Victimized Children, The Free Press, New York, 1979.

Notes

The Participants

A brief profile of the participants involved in incestuous father-daughter activity is presented to assist practitioners in identifying various characteristics common to these situations.

(a) **The Fathers**

The demographic data presented in Chapter (1) suggested that generally fathers who sexually abuse their daughters are hetrogenious and are not distinguished by many specific demographic variables. In this regard, age is perhaps, the most significant variable. The majority of fathers are between 30 - 45 years of age with the highest incidence occuring among fathers in their mid thirties. The age of fathers when they engage in sexual relations with their daughters is significant for at least two reasons. Firstly, as the father approaches mid life, it is suggested that he is likely to reassess his future goals and potential. In doing so this may cause feelings of inadequacy, impotence and failure to intensify.

Concurrently, the father may view his wife as aging and becoming physically less attractive. Certainly, the middle years of the life cycle are considered to place the greatest stress on marriages.

Secondly, the middle years is usually the time that the eldest daughter enters puberty and adolescence. Consequently at the period of development which results in considerable personal and marital stress, the daughter is simultaneously emerging as a woman and may be perceived by the father as sexually attractive. In addition, sexual relations with the daughter may be perceived as more conflict-free and so more attractive to the father.

In general most fathers are seen to be respected members of their community and work environments. They seldom engage in criminal behaviour and exhibit few symptoms of overt deviance. Also, these fathers are generally monogomous. They do not usually engage in extra marital liaisons or affairs outside of the family. They are not considered promiscuous. Groth (1982) speculates that fathers do not engage in sexual relationships outside of the family as these would not satisfy the fathers' need for a non demanding, personal, conflict-free relationship. Rather, daughters are selected for a sexual relationship since they are more accessible, less demanding and more compliant.

Notes

Sgroi (1982) supports this perspective. She suggests that these fathers find sexual relationships with their children more gratifying because they are psychologically safer as the child exhibit naivete, trust, affection and compliance. Fathers are therefore more able to experience a sense of adequacy and control in these relationships. Sgroi, also suggests that such fathers perceive their world as hostile and hurtful. Consequently, they trust only family members and attempt to meet all their needs for intimacy within the family. Where this is not possible to achieve through the marriage relationship, the father may turn his attention to the daughter.

Groth (1982) suggests that sexually abusive fathers may be classified as either "Fixated" or "Regressed". "Fixated" fathers are considered to exhibit the following characteristics:

- arrested psychosexual development leading to identification with young children and a sexual preference for children
- a compulsive and persistent interest in children from an early age accompanied by poor social and sexual relationships with peers and adults
- sexual involvement with children is not considered to be stress related but rather correlated with individual personality problems.

In comparison "Regressed" fathers are characterized by:

- primary sexual orientation is with adults, sexual relations with children begins in mid life as a maladaptive attempt to cope with stress
- the child is perceived as a pseudo adult with the father attempting to regress to an earlier more conflict-free stage of development.
- the child is perceived as a substitute for a conflict ridden or deteriorating adult relationships
- interest in the child coexists with various adult relationships, and activated by:
    - deteriorating marriage relationship
    - frustration in marital sexual relationship
    - additional stress factors

Notes

Justice (1978) on the other hand has developed a more extensive typology to categorize fathers who engage in sexual abuse.

Justice suggests that most abusive fathers are characterized by symbiotic personalities and have deep unfulfilled needs for closeness and intimacy. Justice perceives these fathers as unaware of these needs and unable to establish closeness in adult relations.

These symbiotic personalities are differentiated as follows:

The Introvert

In this category the father is considered as having an extreme endogamic orientation. These fathers feel assailed by outside forces and turn to the family for shelter and as a place of safety from external attack. This group takes life very seriously, may exhibit symptoms of depression and distrust of non family relationships. They are isolated socially, and attempt to isolate family members, especially the sexually abused daughter, from community contacts and relationships.

The Rationalizer

Fathers in this category use a variety of rationalizations in order to gain sexual access to daughters. They also use a wide range of rationalizations as a means of overcoming guilt feelings arising from the perpetration of sexual abuse. Justice identifies several rationalizing patterns utilized by these fathers:

The Lover	Fathers may attempt to justify their incestuous activity as being motivated by 'pure' love for their daughters.
The Teacher	These fathers are generally perceived as lacking warmth and affection and who justify their behaviour as sex education.
The Protector	These fathers project a moralistic attitude in which they rationalize the abuse as protecting the child from a predatory world

Notes

The Elitist	Only a small number of fathers are suggested as using this justification in which they seek to have intercourse with, and offspring from, their children in order to maintain a pure blood line or superior race.
Exclusive Property	This justification is used by many fathers as their orientation to relationships is one of male superiority. Additionally, they view their children as their property.
Sexually Free	Some fathers attempt to justify sexual relationships with their children as being enlightened, or as liberal thinking within the context of a sexually permissive society.

The Tyrant

According to Justice, fathers in this category are rigid, authoritarian and tolerate no opposition from family members regarding their control or decision making. These fathers tend to be over-involved in and control all aspects of family functioning.

In addition, these fathers use force, threats and fear to obtain compliance. They do not develop close nurturing relationships within or outside of the family, and may become extremely jealous of other family members developing external relationships. This is especially marked in respect to external heterosexual relationships established by the sexually abused daughter. These fathers may attempt to prevent or curtail such relationships.

The Alcoholic

Fathers in this category are said to exhibit extremely narcissistic and dependent personalities. Alcohol is both used and abused as a means of avoiding responsibility. Sexual abuse may be precipitated through a loosening of restraints and inhibitions as a result of alcohol consumption.

Additional characteristics may be exhibited by fathers who sexually abuse their daughters. Rationalization, denial and projection of blame are common and strong defense mechanisms utilized by such fathers when their behaviour is exposed. Their maintenance of these rigid defence systems contributes to the father's common lack of motivation to engage in treatment.

Notes

Fathers are also likely to demonstrate favouritism towards the daughter with whom they are sexually involved. This favouritism may be exhibited through provision of special gifts or money. It may be shown through spending excessive time alone with the daughter, to the exclusion of the spouse and other children. Differentiation may be noticeable in terms of more intimate physical affection or additional privileges.

A blurring of generational boundaries usually occurs as the father relates to the daughter as a suitor rather than a parent or father. In this regard fathers may demonstrate immaturity, possessiveness, overprotectiveness or jealousy. Fathers may also demonstrate an over investment in the daughter through control of her interests, friends or activities or through sexual preoccupation with her. Sgroi (1982) and Walters (1978) describe the fathers as hostile. While Sgroi suggests the fathers are suspicious and hostile towards outside forces, Walters believes that the fathers' incestuous behaviours is "the ultimate act of hostility towards the wife". In this latter situation the hostility directed towards the wife is considered to be a result of deteriorating marital and sexual relationships.

Various motivations are ascribed to fathers who sexually abuse their daughters. Groth (1982) for example, suggests that motivation can be explained as "the use of sexual relationships to express a variety of unresolved problems or needs." Specific motivations according to Groth may include:

- the need to validate self worth
- the need to restore a sense of power and control
- the need for attention and recognition
- the need to compensate for feeling abused and neglected by the spouse
- to defend against anxiety and stress

Generally, Groth, suggests that fathers are not motivated primarily by sexual drive but by non sexual needs. Sgroi (1982) and Justice (1979) and Walters (1978) support this viewpoint and suggest additional motivations of hostility towards the spouse and the need for affection and intimacy.

Notes

(b) **The Mothers**

Mothers in families where sexual abuse occurs generally play a diminished or subordinate role. These mothers are frequently described as passive, dependent personalities with a low sense of self esteem and who are deprived of self fulfillment within the family. Generally, the dominant, controlling husband minimizes or nullifies their spouse's role as a mother and wife. In this regard the children tend to view these mothers as impotent and unable to protect them. Additionally, the children may perceive the mothers to be child-like, and more of a peer than a parental figure. The daughter who is sexually abused may also relate to the mother as a rival for the father's atttention and affection.

Generally, the mothers are described as lacking in social skills, isolated and psychologically and financially dependent upon their husbands. This extreme dependence on husbands is suggested as the major reason why mothers seldom report sexual abuse involving their husbands and daughters.

Sgroi (1982) suggests that most mothers are either consciously or unconsciously aware of the sexual abuse. While Nakashima (1977) believes that the mother colludes with the father-daughter sexual activity and has a need for this behaviour to be maintained. MacFarlane (1978) suggests that while most mothers are aware of the sexual activity, especially when intercourse is involved, some mothers do not know, see or understand what is happening. In many situations these mothers have been conditioned to accept an increasing amount of deviant or inappropriate behaviour from their spouses in relation to a whole host of issues or activities. Although, numerous indicators may be present to suggest an inappropriate relationship between the father and daughter, some mothers may not recognize this.

Some mothers are indeed aware of the development of increasing verbal and physical intimacy between the father and daughter. They may also be aware of the increased time spent together by the father and daughter or of subtle personality changes or behavioural cues exhibited by the daughter. However, these mothers fail to limit the behaviour of their spouses.

Notes

Zaphiris (1978) suggests that the incestuous family actually has two victims, the mother and the daughter. Zaphiris proposes that the mother is conditioned to accept the spouses' sexual behaviour towards the daughter because:

- of her emotional immaturity and dependency
- she is jealous of the possibility of the husband developing extra marital relationships and so supports and accepts his sexual involvement with the daughter
- she does not wish to engage in or receives no satisfaction in sexual relationship with the husband

In this regard MacFarlane (1978) reflects that "too often the protection of the child is sacrificed in the process of the mother's victimization". MacFarlane argues that the motivation of collusive mothers is not to hurt the daughters but is a manifestation of their powerlessness and ineffectiveness.

Many mothers are described as absent on a regular, frequent and predictable basis, thereby not only failing to protect the child but also providing opportunity for the sexual activity to take place. Some mothers are described as psychologically absent. Indeed, Henderson (1972) suggests that incest occurs when both the father and daughter realize that the mother has deserted them.

A related finding is that mothers generally engage in a process of role reversal with their daughters. Here the daughter assumes household or child care responsibilities. Additionally, the daughter becomes the female authority figure in the family. In these situations, the mother appears to push the daughter prematurely into a mothering role. This mothering role may then be acted out in relation to the siblings and the father. Role reversal may occur slowly over several years as the daughter matures. The last stage of this reversal which occurs during puberty or adolescence is the reversing of sexual roles in which the mother is viewed as inviting the daughter to assume her spousal role.

Notes

Lastly, mothers in these families are characterized as having poor sexual relationships. In some cases frigidity is present. However, dissatisfaction and withdrawing from sexual relationships is considered more common. In the latter situation the mother may be unavailable for sexual activity due to real or imagined illness. Depression may also be a reason for sexual denial. Some mothers have been described as keeping themselves, tired and worn out and so limit their sexual availability.

While the foregoing characteristics provide some understanding of the contributing factors and role of mothers in cases of father-daughter sexual abuse, these should not be considrered as excuses for or used to minimize the individual responsibility of the fathers in initiating the abuse.

(c) The Daughters

The daughters who are victims of sexual abuse are predominantly at the pubertal or adolescent stage of development and are usually the eldest daughter in the family. In most cases only one daughter, the eldest, is sexually abused by the father. A number of explanations are offered to account for this finding. Firstly, for the sexual abuse to continue, secrecy is required. Exposure is more likely if a number daughters are present and are simultaneously involved. The daughters may subsequently discuss the abuse between themselves and disclose the behaviour. Alternatively, one or more daughters may reveal the abuse to peers, friends or relatives. Secondly, the father, if motivated by desire for intimacy and affection, would wish to maintain a special relationship with one daughter. This would also be more controllable and conflict-free. Lastly, it is suggested that some daughters effect an unspoken arrangement with their fathers whereby the daughter continues to meet the fathers' needs as long as the younger daughters are not molested.

However, situations do arise whereby the fathers may transfer the attention and affection to other daughters who are then sexually abused. In these situations, the eldest daughter has usually left home or otherwise broken off the sexual relationship with her father, who then attempts to involve a second child. Only in rare cases, and usually involving considerable pathology in the father, are a number of children concurrently abused.

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Daughters have been described as lonely and frightened individuals (Henderson 1972) and as having a low self-esteem and looking for affection and attention (Justice 1979). These characteristics are believed to influence strongly the daughters' response to the fathers' sexual overtures. Deepseated feelings of being unloved, unattractive or inadequate may lead to the child welcoming the father's advances as an expression of love and affection. This may be especially prevalent in the prelude to more overt sexual advances by the father. If force or coercion is not present, the daughter may initially perceive the father's behaviour as nurturing and caring. The sexual activity may also be accompanied by gentleness and expressions of support and endearment.

Justice (1979) also suggests that daughters involved sexually with their fathers have poor or non existent relationships with their mothers, contributing further to their feelings of rejection and negative self image. As a consequence the daughter may begin to compete with the mother for father's attention. Additionally, they don't perceive the mother as an adequate, nurturing or protecting figure.

Most daughters are described as passive or non-assertive. In this regard they model themselves after the mother's passive, dependent personality. It has been argued that the actual abuse of daughters by fathers is directly related to the mothers' failure to endow the child with appropriate resistence and assertive qualities. The passive acceptance of life, exhibited by the daughter, is also considered as contributing to her abuse. It is suggested that these characteristics encourage and reinforce the father to seek sexual gratification from the child on a repetitive basis.

Seductive behaviour may be exhibited by daughters who have been sexually abused. However, it is generally agreed that this is conditioned behaviour which emerges subsequent to the abuse which is always initiated by the father.

Daughters, seeking affection and attention, may enjoy their favoured status with the father and attempt to manipulate this power position to their advantage. This manipulation may have seductive qualities, but is aimed at non sexual objectives such as additional privileges or specific consumer items.

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Lastly, the daughters have been described by most researchers as demonstrating pseudo adult behaviour. This is usually considered as the result of an ongoing process of role reversal in which the child is conditioned by both parents into performing the role of the "little mother". Again, the daughter assumes these roles in an effort to meet the needs of the parent, to receive acceptance and attention, and perhaps to attempt to maintain the family unit. Fears of abandonment and family dissolution may contribute to the development of pseudomature behaviour. It should be noted that while some aspects of the "little mother" role may be perceived as "cute" these should be clearly identified in sexual abuse cases as a child's maladaptive response to dysfunctional family system and likely to contribute to her victimization.

The Family

Certain characteristics of the sexually abusing family are considered significant in the development and maintenance on incestuous relationships.

Lustig (1966) proposes five (5) conditions existing in the family which may precipitate sexual abuse of the daughter by the father. The conditions are:

(1) the emergence of the daughter as the central female figure in the family

(ii) sexual incompatibility between spouses

(iii) the unwillingness of the father to seek extra marital relationships

iv) intense fears of family disintegration shared by family members

(v) the mother's sanctioning of the daughter's special relationship with the father

Justice (1979) suggests six family characteristics which are highly indicative of the occurrence of sexual abuse. Some of these factors parallel the findings of Lustig while others emphasize social stress and environmental factors.

(i) the father and mother have a deteriorating sexual relationship with each other

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(ii) The mother becomes incapacitated or is routinely absent

(iii) the father experiences a crisis or experiences multiple change and stress

(iv) the daughter is physically maturing

(v) the daughter lacks attention and affection from both parents

(vi) the sexual climate of the family is either loose or reperessive

Zaphiris (1978) and Sgroi (1982) suggest that sexually abusive families are relatively closed family systems characterized by geographic, social or emotional isolation. They describe these families as having a pervasive sense of isolation and hostility towards the outside world. Social skills are considered impaired or poorly developed thus limiting the development of emotionally satisfying relationships outside of the family.

In addition, internal control exercised by the father and reinforced by the mother's dependence and passivity, results in enforced limitation of non family social contacts, activities and experiences. Intrusion of others into the family is also restricted, minimizing observation and modeling of alternative roles and behaviour. Finally, this isolation tends to heighten each family members' dependency of the family unit which is tightly controlled by the father, thus intensifying fears associated with coping in the world if the family disintegrated.

Sgroi and Zaphiris also described these families as having blurring role boundaries or a "diffusion and confusion of roles in the interaction of father, mother and daughter". This blurring of role boundaries also minimizes intergenerational differences. Lack of clear role definition and generational differentiation is considered a key factor in weakening the incest taboo and precipitating subsequent sexual abuse of the daughter.

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Zaphiris (1978) indicates that excessive sibling rivalry is usually present in sexually abusive families. This intense rivalry is attributed to the sexually abused child's perceived position of favouritism. Zaphiris contends that many siblings are aware of the abuse occurring between father and daughter, while most siblings are clearly cognizant of the special relationship existent between father and daughter. This rivalry is sometimes exacerbated by the abused child's overt manipulation of their favoured position within the family, which is likely to be resented by the siblings. Interestingly, Zaphiris notes this sibling rivalry is rarely visible outside of the family and that delinquent or acting out behaviour seldom occurs.

Summary

The behaviour demonstrated by sexually abusive families may be perplexing and varied and the causes of the sexual abuse of children poorly understood. Nevertheless, the practitioner is required to intervene, to assess the family, to protect the child and to provide treatment services. To do so effectively requires a thorough understanding of the common characteristics associated with these cases of child abuse. The skilled practitioner will then utilize these common characteristics as a framework from which to guide his intervention.

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Relevant Audio Visual Material

Childhood Sexual Abuse: Four Cases

16mm, 50 minute colour film produced in the U.S.A. and available from Magic Lantern Film Distributors, 872, Winston Churchill Boulevard, Oakville, Ontario L6J 4Z2

CHAPTER 5

INTERVENTION, VERIFICATION INTERVIEWING

Notes

Intervention in cases of family sexual abuse is both difficult and stressful. The dynamics of sexual abusive families, personal and community reactions to sexual abuse, and the general absence or corroborative evidence combine to make these highly-charged, complex situations which are difficult to prove. Family characteristics such as isolation, collusion, paternal control and denial provide strong fortifications which can block or restrict intervention. At the same time the practitioner may be experiencing unresolved feelings of anger, revenge or inadequacy. Feelings of insecurity regarding the process of intervention may be heightened through the family's expressed hostility or the 'lack of proof' available to the worker. The practitioner may also be confronted with the additional difficulty of intervening effectively and objectively within a context of community outrage at the alleged sexual offence.

The complexity of surrounding intervention in sexual abuse cases dictate that the practitioner be:

Experienced

The intervention should be provided by a social worker with considerable child protection experience, especially in the areas of investigation, assessment and casework with abusive families. Ideally, two workers should be assigned to the intervention as this provides mutual support, improved objectivity and increased potential for managing the complex dynamics in operation.

Self Aware

The need to maintain objectivity, a non judgemental approach and to establish therapeutic relationships with family members requires that practitioners have a high level of self-awareness. Awareness of personal attitudes, reactions and feelings towards sexual abuse provides the social worker with the opportunity to minimize his own biases and the intrusion of these factors during intervention. A detailed discussion of the possible range of professional reaction to sexual abuse is provided in Chapter 2.

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Knowledgeable

A sound knowledge of the indicators, characteristics, patterns, consequences and legislation regarding sexual abuse is essential for all practitioners having responsibility for intervention.

Skillful

Information required to verify allegations of sexual abuse is seldom a result of medical diagnosis or the presence of specific physical indicators. Rather, the majority of information necessary for verification is provided by the child and family through the process of interviewing and observing. Obtaining information from individuals who may exhibit hostility, denial or fear requires a high skill level.

Support

The stress experienced by protective service workers providing intervention in cases of sexual abuse often goes unrecognized. It is important for agencies mandated to provide child protection service to be cognizant of the stress factors inherent in sexual abuse intervention and to provide intensive and concrete support to front line staff. While this consideration may appear to be self evident, its application in practice is usually inconsistent.

Intervention is a dynamic process. In sexual abuse cases, intervention involves a number of separate though inter-related components. These include identification, verification, risk assessment, interviewing and the provision of treatment services. This chapter will consider these components in detail, with the exception of treatment considerations which will be dealt with in Chapter 6. In discussing the various aspects of intervention, emphasis will be given to questions of "what to do" and "how to do it".

The Point of Intervention

Sexual abuse is not a static concept. Usually the sexual abuse of a daughter by her father follows a predictable pattern and progression. Since intervention may occur at any stage of this progression, it is important for practitioners to be aware of the pattern event in these

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situations. This pattern is composed of an introduction, maintenance and termination phase. It is helpful to identify at which phase of the sexual abuse intervention occurs and to understand the possible implications for the family and participants.

The Child's Introduction to Sexual Abuse

It is important to understand and accept that it is always the father who initiate the sexual activity. As mentioned previously in Chapter 4, the practitioner should discard the concept of the seductive child as responsible for sexual abuse or for undertaking behaviour specifically directed at establishing a sexual relationship with her father. Approaching intervention with a clarity of conviction that the father is the initiator avoids the potential for reinforcing the father's rationalization and the community's biases when the behaviour is disclosed. It is also important for the victimized child to know that she is not responsible for the events. Usually, these children have intense guilt feelings over their incestuous participation. These feelings may become intensified if the intervenor exhibit ambivalence regarding who is responsible for the initiation of the sexual relationship.

The induction of the child into a sexual relationship is usually the activation of a potential which has existed for some time. (For detailed discussion of predisposing factors see Chapter 4). It usually commences with the father, whether accidentally or deliberately, spending significant time alone with the daughter. The father then seeks, or carefully continues, the opportunity to share increased time together apart from other family members. Usually this increased private time together occurs gradually and takes place within the family home and in many cases in the child's bedroom. Although gradual in development, the father's relationship with the daughter differs in quality or quantity from that of an earlier period in the family's history and from his relationship with his other children.

The process of involving the child in sexual activity is usually deliberate and in essence reflects an exploitation of the parental relationship. Various tactics are utilized in the context of this power/trust position to engage the child sexually. These approaches vary according to the child's age and the characteristics of the perpetrator involved.

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Generally, force is rarely utilized. However, this does not imply that less overt forms of coercion do not exist. The threat of force may accompany the fathers' sexual advances. Alternatively, force may simply be implied within the context of the relationship. In most cases force or threat of force is not present during the introduction phase. The coercion is more likely to be exhibited during the maintenance phase where the father attempts to avoid disclosure.

Increased physical contact and the intensification of affection are more frequently associated with the father's seductive efforts. Although experienced initially by the child as care and affection, these behaviours are sexual in their nature and intent. This physical contact may begin as a game with younger children. In this scenario the father may suggest that what they are engaged in is fun or just another form of play. With older children, it may take the form of increased embracing and kissing. In both instances the physical contact is intensified in an atmosphere of "affection" to the point where fondling or exposing of the child"s breasts or genitals occurs. The sexual activity rarely progresses beyond this level of intimacy during the initial phase. However, the frequency and intensity of the activity may increase. It has frequently been reported that stealth is utilized in initiating daughters into sexual activities. These occurrences usually take place late at night within the confines of the child's bedroom. Initially, the father fondles the child while the child is asleep. Should this behaviour continue at length or reoccur the child usually awakens. Most children, then pretend sleep and do not actively resist the sexual advances. Continued reoccurrence may progress to a "game" with each participant knowing and yet pretending not to know. These situations can be terrifying for the child in that they occur at night, in the dark and usually without communication. Some of these situations do progress to awareness, acknowledgement and further intimacies.

In addition to physical affection, the father may utilize rationalizations to gain the daughter's involvement. Here the father attempts to minimize the child's resistance or concerns by attempts to legitimize or normalize the relationship. Statements such as "this is how people show their love for each other" or "all fathers do this" are commonly associated with this approach. While it is relatively easy to accept the father as the initiator of the sexual activity and incestuous relationship, it is perhaps more difficult to understand the child's participation in this

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activity. Generally, children do not actively resist the father's sexual advances, at least during the introduction phase. This is usually because fathers in the sexually abusing family are dominant, demanding and powerful figures who exercise moral authority and administer consequences for non compliance within the family.

Meiselman (1978) suggests,

> "Not only has the daughter been taught to obey the father but to look to him for moral guidance. If Daddy says it is all right it must be. Then, of course, if she considers disobeying her father, the threat of punishment is always hanging in the air".

This abuse of socially sanctioned parental authority is seen as the underlying force which conditions the daughter to accept the sexual behaviour of the father during this phase. This conditioning is further reinforced by the mother's non-assertive role in the family and her dependence on the father, traits which the daughter emulates. Additionally, children in abusive families have a pervasive feeling of being unloved and not accepted by her parents and so have a deepseated need to please adults and receive affection from them. (see Chapter 4)

Many children long for the demonstration of affection and attention from their parents, especially they seek acceptance from the father who controls the family. In this regard the child may initially enjoy the physical affection and caress provided by the father. Alternatively, the child may misinterpret the behaviour considering it simply as affection having no sexual component. She may also enjoy the special treatment and accompanying gifts or privileges she is likely to receive. It is also possible that the child may sense that she does something which pleases the father. All of these factors tend to contribute to the child's acceptance of the initial sexual advances. In general,

> "The child in an incestuous family settles for whatever attention he or she can get from the parent. After all, to the child an incestuous relationship with a parent seems preferahle to no relationship at all". (1)

(1) Justice (1979)

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Young children have a limited understanding of appropriate sexual behaviour. The incest taboo has limited application to them. Consequently they may not be aware in this stage that the father's behaviour constitutes sexual abuse. It is possible, though, that some young children may be ambivalent about the father's behaviour. They may experience certain aspects as pleasurable and positive but may have an intuitive sense that something is wrong. This ambivalence is well demonstrated in Vale Allen's autobiographical account of her sexual abuse. (2)

> "Daddy, are we bad?"
> "Bad, Shmad. What's that, for Christsake?"
> "I don't know, but we are , arn't we?"
> "Course not,"
> "And you really mean it, this is what all little girls and their daddies do"

These explanations for the child's lack of resistance to the father's advances do not imply that all children accept or enjoy some aspects of the relationship. A few older children do actively resist the sexual initiates of the father. Usually, the father ceases the activity at this point or may transfer his attention to another daughter. Some children find the experience upsetting from the start and may have feelings of repulsion and anger but comply because of fear and intimidation. These children are constrained by the same range of factors as those which are operant in the maintenance phase of the relationship.

The Maintenance of the Sexual Relationship

The maintenance phase of the sexual abuse of the daughter is usually marked by increased intimacy and secrecy. In this phase the sexual activity is usually more frequent and may range from several incidents per week to several occurences per month. These incidents are also characterized by progression from fondling and exposing, to penetration.

(2) Vale Allen, C. (1980)

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The father's need to continue the sexual abuse combined with a fear of discovery, especially as intimacy progressed, requires that secrecy be maintained. Without secrecy the behaviour is unlikely to be repeated. Also, without secrecy, the father is liable to public and legal retribution for his actions. For these reasons the father may go to great lengths to ensure secrecy. This may include providing the daughter with a wide range of rewards such as gifts, money, clothes. Reinforcement of secrecy may also be achieved by elevating the child to special and protective status where extra privileges and exemptions from responsibilities or consequences are provided.

In most cases overt or implied threats are present. The child may be threatened with violence, family breakdown, father's incarceration, separation from the family through a placement in a foster home or girls reformatory. In this regard the child will be influenced by past experiences of the father's violence within or outside of the family and by previous actualization of threats by the father towards family members. While positive inducements may achieve the father's goal of secrecy, they are generally more successful in maintaining sexual relations of a limited nature with younger children. Intimidation and fear, utilized subtly or overtly, is more generally applied in attempts to maintain a progressively intimate relationship.

During this phase of interaction the child's view of the father may change to one of increased ambivalence in which the child sees the father as selfish, narcisstic and exploitive. Through progressive intimacy which the child may not desire or find pleasurable and from pressure to keep the activity a secret, the mutuality of the affair diminishes. The child may experience considerable distress from the sexual activity and from the enforcement of silence. As the relationship becomes more and more one-sided the question arises as to why the child continues to participate in the relationship. Why is it that the child does not initiate termination of the relationship or invoke assistance from family members or others. Numerous factors combine to effect the child's compliance, many of which have implications for intervention.

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As previously mentioned the dominant position of the father, his threats and perceived capacity to implement these threats are of prime importance in the maintenance of the relationship.

Another important consideration is that the child may be afraid from her own perspective of the consequences of disclosure. She may be afraid of not being believed, of being blamed for the problem, or her removal from the family. In some situations the child may be ashamed of her participation and lack of active resistance. This latter aspect may be especially important if the the daughter has a growing awareness of the incest taboo and appropriate sexual behaviour.

Children may also attempt to act as family "rescuers" and so suffer in silence in order to protect family members and family solidarity. Usually sexual abuse is symptomatic of severe family dysfunction. Maintaining the sexual relationship may be perceived by the child as holding things together, preventing further marital deterioration, "keeping the peace", or protecting younger siblings from abusive behaviour. Consequently the child may view her own involvement as less destructive and consequential than other possible options.

The child's efforts, direct or indirect, to disclose the relationship may be met with responses from family members or others which convey the message that secrecy must be maintained. Alternatively the child perceives she will not be believed or supported if the situation is exposed. If the sexual relationshhip continues for a lengthy period or involves considerable intimacy the child usually attempts to disclose the problem to the mother or significant others. Sometimes, this attempt at disclosure is indirect. The child may hint at the situation to provide symptomatic clues. Usually these attempts are rebuffed with actual or symbolic messages of "Don't tell me" or "I don't want to hear". This response may serve to reinforce the need for secrecy.

In many situations, the child does disclose the sexual abuse to the mother. The mother's reaction to the daughter's 'confession' may vary from denial to belief and from immobilization to preventive action. In most cases, however, the mother takes no action to protect the child. Denial and blame are the most common responses.

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The mother when confronted with the disclosure is forced to take sides between her daughter and her husband. This is a no win situation for the mother who may become depressed or incapacitated by the crises. She may also experience feelings of betrayal, anger and of being unwanted. The mother seldom confronts the husband with the revelation or her anger. Instead much of her rage is misdirected towards the daughter whom she may blame for

- causing the situation
- not terminating the relationship
- ruining the marriage
- destroying the family

The mother's negative reactions are considered to cause further trauma and victimization of the child.

Occasionally, the child's disclosure may be believed by the mother. In these situations, the mother may take no action or place responsibility on the child for terminating the relationship. She may also indicate to the daughter that she will ensure the situation does not reoccur, but take no concrete action to this effect. Only in a small minority of situations does the mother take responsibility for protecting the daughter through confronting the father, separation or involving outside assistance.

Mothers in cases of father-daughter sexual abuse may resist taking action or risking public exposure because of fear of brutality from the husband, fear of economic disaster, and fear of public stigma which will be attached to herself and the family members. Intrinsic to her inaction is the fear of her personal inability to cope with family responsibilities by herself. Lastly, she may have limited confidence in available agencies or professionals to effectively resolve her dilemma.

The net consequence of the mother's inaction, denial or assignment of responsibility to the child is that the daughter perceives the mother as aware of the problem but unable or unwilling to protect her. She may generalize this response to other adults and so consider that there is no one to turn to. "And so the incest affair continues over time, with the father's incest attachment, the daughter's fear and ambivalence and the mother's denial enabling the family to attain a sense of a permanent state of equilibrium". (3)

(3) Meisleman, K. (1978)

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However, this sense of stability is threatened when the daughter finally terminates the relationship.

Termination of the Sexual Relationship

The termination of the incestuous relationship may occur through deliberate action taken by the child or the mother or by accident through disclosure by family or non-family sources. The process whereby the relationship is terminated needs to be examined as this has important implications for those who are called to intervene at this stage of the father-daughter "affair".

(i) Termination Through Unplanned Disclosure

Accidental disclosure is believed to occur only in a minority of family sexual abuse cases. This is considered due to the relatively closed family system which precludes extensive non-family observation of the child and the father, and the absence of force or injury to the child.

Sgroi (1982) suggests five (5) circumstances through which the sexual abuse may be disclosed outside of the family.

- observation of the behaviour by a third party such as a sibling, friend or relative
- physical injury to the child or medical examination as the result of other physical problems
- contraction of venereal disease
- pregnancy
- observation of severe behavioural symptoms e.g., hysteria, running away, etc.

These situations are usually unplanned with the child and family members unprepared for the disclosure and subsequent community responses.

(ii) Termination Through Deliberate Action

As mentioned in the discussion of the "maintenance phase" mothers in a small number of incidents may initiate action to confront and disclose the relationship and take the necessary steps to ensure the sexual abuse is terminated. It

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is possible in some situations that the mother's motivation to terminate the relationship is based more on marital dissatisfaction rather than concern for the child. So it is not unknown for mothers in these circumstances to deny the father's behaviour at a later date. In a very small number of cases the father may himself terminate the relationship through fear of disclosure and incarceration, or through the re-establishment of self control. Usually, however, it is the child who eventually takes the initiative in terminating the sexual relationship.

The daughter may seek to terminate the relationship by telling the mother, telling other trusted adults or friends, or by leaving home. On occasion the daughter may terminate the relationship by directly confronting the father. However, generally, the daughter needs assistance and support from some external source to effect the termination. Regardless of the means of bringing the relationship to a close, it is important to know why the daughter chose to do so. Knowledge of the daughter's motivation can be helpful in guiding the practitioner's intervention.

The daughter's disclosure occurs predominantly during her adolescence. During this period of development the daughter strives for increased autonomy. Additionally, the daughter's peer group becomes increasingly important especially in relation to the determination of normative behaviour. Here knowledge of appropriate sexual behaviour is clarified and increased awareness of the incest taboo is developed.

In contrast to these aspects of normal development, the fathers involved sexually with their daughters exert increased pressure to continue the sexual relationship and attempts to restrict the daughter's social relationships. The father usually exert considerable pressure to terminate non-family heterosexual relationships. These opposing expectations and needs create frustration and anger in the daughter who then attempts to terminate the father's sexual attachment to her.

Termination may be motivated by the daughter's guilt, anger or revulsion with the incestuous behaviour. It may also be motivated by the frustration of developmental needs or in response to anger at the abuse. In some situations the father's sexual involvement with the daughter's siblings may

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be the prime motivating factor. It is also possible at the termination phase for the daughter to retain ambivalent feelings towards the father. The father-daughter relationship as a whole may have included positive experiences and the daughter may retain elements of affection and concern for him. Whether disclosure of the sexual abuse is planned or unplanned it is likely to have considerable effects on all family members.

(iii) The effects of Disclosure and Termination

The response to the daughter's disclosure and attempts to terminate the sexual relationship with her father may be experienced by the daughter as more traumatic than the sexual abuse itself.

The initial response to her disclosure may include shock and outrage by the mother, friends or professionals. Such reactions are likely to increase the child's sense of guilt over her involvement in the relationship. Responses of disbelief or blame may also occur causing the daughter to feel betrayed and unsupported by those she looks to for assistance.

Exposure of the sexual abuse is likely to result in child protection and police involvement. The child may then be subjected to intensive and embarrassing interrogation, removal from the family home and may be required to testify in criminal court against her father. To the child, this intervention may be experienced as humilitating, painful and punitive. In some situations this "double jeopardy" may result in the daughter withdrawing her allegation and denying the sexual abuse.

The mother's reaction to the daughter's attempts to terminate the relationship are usually parallel to those described in the "maintenance " phase when the daughter discloses or attempts to disclose the abuse to her. At best, the mother's response as she faces the consequences of accepting and supporting the daughter's efforts to terminate the relationship is characterized by ambivalence. In general, she is motivated by her protection and attempts to avoid public disclosure and family disintegration. In this regard she may deny the problem, blame the daughter or attempt to resolve the situation without outside intervention. These efforts may include facilitating the daughter leaving home, not leaving the father alone with the daughter, confronting the father or requesting the daughter to avoid the father. These efforts as resolution are usually temporary and ineffective.

Notes

The daughter's severing of the sexual relationship may have varying effects upons the father. The father may experience hurt or anger. He may subsequently respond with denial or hostility. The hostile reaction may include scapegoating the daughter as "always being a problem", "a liar", or "a slut". Here the father's goal is to project blame onto the child and to minimize her credibility. In some situations the father may respond by displacing his sexual attention onto a younger daughter.

In general, the father, for reasons of self-protection, unilizes his power position within the family to discredit the child, to pressure the mother to side with him and to get the daughter to deny the allegation.

Disclosure and termination of the sexual abuse is likely to produce a crisis for all participants. In responding to this crisis it is important for those who intervene to avoid adding unnecessarily to the trauma already experienced as a result of this abuse relationship.

Implications for Intervention

When intervening in cases or family sexual abuse it is important for the practitioner to identify what phase of the relationship between father and daughter exists at the point of intervention. A knowledge of the factors present during each phase will heighten awareness of the implications for intervention and can be used to guide the process of intervention. The overriding concern during the intervention, is to ensure that the child is helped rather than harmed by professional involvement.

(i) Beginning Phase

During this phase the child may not perceive the father's behaviour as wrong, especially if this is legitimized or condoned by parental authority. It is important in this phase that the social worker be sensitive to the child's perception of the events and not exhibit shock, disgust or anger towards the father or family members. Usually, the child's allegience to the family and its value system is strong and this should be respected.

Notes

Intervention during the beginning phase is usually the result of external reporting of allegations rather than the child's initiatives. Therefore, the child is generally unprepared for the introduction of strangers who wish to question her about the relationship she has with her father. Being unprepared, protective of family members and having limited awareness of the behaviour as incestuous may result in the child being unwilling to reveal information. Compounding this reluctance is the child's limited understanding of the practitioner's role and why they have intervened. The child's resistance to disclosure should be respected and not confronted. Confronting the child with the immorality or illegality of the behaviour will caused the child to withdraw and to experience guilt regarding her participation in the relationship with her father.

It is also important in this phase to reassure the child that these things do occur in other families and with other children. Generalizing the event may assist the child to discuss the situation more fully and with less guilt. The child should be reassured that they are in no way responsible for the relationship which has developed. Avoiding the development of the child's ownership of the problem is crucial in preventing subsequent emotional difficulties for the child.

In this phase the father is likely to deny the allegations and utilize a number of rationalizations to explain his close relationship with the daughter. The mother, too, may be largely unaware of the sexual abuse at this time. Although perhaps aware and uncomfortable about the father's special attention to the daughter she may not be cognizant of specific sexual activities and the child may not have disclosed information to her. Confronting the mother on her possible collusion at this time is usually unproductive and will be met with denial and anger. This may hinder subsequent endeavours to enlist the mother's assistance in protecting the daughter.

(ii) Maintenance Phase

It is important to assess the factors which preclude the child disclosing the sexual abuse in this phase. Usually guilt and fear are the primary reasons for secrecy. In terms of fear the practitioner should evaluate whether this fear is related to force, threats and coercion from the father. If this is so, the likelihood of the father having carried out previous and current threats should be considered carefully.

Notes

The power position of the father in the family and in relation to the daughter should be recognized. Here it is important to convey to the daughter that the behaviour will stop and that the father can be effectively controlled if not from within the family then by external sources. It is also helpful to ascertain whether the fear is based on the child's attempt to "rescue" the family or the consequences of disclosure. If such fears are present it is important to explain the intervention process and possible outcomes. It is important to avoid promising the child a resolution which is unrealistic.

The level of guilt experienced by the child should be determined. Here the mother's complicity should be assessed. The mother's response of blame or denial may compound this guilt, and it is essential for the social worker to provide continued reassurance to the child that she is not responsible for the sexual activity. The motivation of the mother in not protecting the child should be considered. This will assist in determining the potential strength and assistance the mother can provide to the daughter.

Again intervention at this phase is not usually initiated by the child or mother and so both may be unprepared for what transpires. It is important here to reduce their anxiety in order that the sexual abuse can be discussed and the question of "where do we go from here?" becomes the focus of discussion. Reducing the emotive quality of the situation may provide the opportunity for rational planning and may facilitate the mother's allegiance as an agent of protection for the child.

(iii) Termination Phaser

Where the child decides to terminate the relationship it is important for practitioners to determine why she is taking this action. The motivation of the daughter is significant because she may have different expectations of the intervenors depending upon her reasons for terminating the sexual abuse. These expectations should be clarified since they may be unrealistic. Expectations should be clarified early in order to avoid disappointment and a sense of betrayal at a later point in the helping process.

Unless the daughter leaves home on her own initiative she usually desires the sexual abuse to terminate without charges being laid, eithout having to appear in court, without confrontation or separation of family members. This is not always possible and these expectations require sensitive handling by the practitioner.

Notes

In attempting to terminate the sexual activity with the father, the daughter who discloses the "affair" needs to be believed. Prior to the involvement of outside resources she has usually disclosed or attempted to disclose the situation to the mother or other persons. The attempts at disclosure are usually rebuffed with denial, avoidance, scapegoating behaviour or blame. It is critical then that her story be accepted and believed by the practitioner. In this regard the daughter should always be interviewed first, alone or with a trusted person who will not undermine her revelation or the intervention process.

Lastly, the daughter may experience great pressure and stress if intervention occurs at this phase. She may bear the brunt of the negative emotional responses of father, mother, siblings and extended family members. Having initiated the disclosure the child may be reacted to by the family with aggression or hostility. An assessment of her safety in the home is necessary as well as an evaluation of the pressure exerted on her to rescind her allegations. Consideration should be given to a temporary separation of the child and offender. Efforts should also be made to limit interference from family members. Home based interviews with the child should be avoided, these interviews should occur outside of the family home.

The daughter in these situations may feel extremely vulnerable as she stands alone, fearful of future events. Intervention should stress continued support, belief and realistic assurances.

The Components of Intervention

Intervention is not a single activity at one point in time. Rather, it involves a variety of different but related activities which may take place separately or simultaneously over various time periods. Intervention in family sexual abuse is composed of four (4) major activities. These are:

Information Gathering
Verification
Risk Assessment
Treatment Provision

Consideration will be given to these components with the exception of treatment provision which is discussed in Chapter 6.

Notes

Information Gathering

Information gathering involves the process of obtaining relevant information upon which assessment and decisionmaking can proceed. This is achieved through the collation of existent reports regarding the child and family, and by direct interviews with the child and family members. This information gathering process should focus on obtaining data respecting the existence of:

- physical indicators of sexual abuse
- behavioural indicators
- family and individual characteristics commonly presented in sexually abusive families - indicators of the incestuogenic pattern

Information obtained in respect to these areas subsequently assists in the verification process.

(i) Reports

Reports which may provide important diagnostic and treatment data may be available from many sources. Important information sources include:

- school reports and assessments of the child
- public health reports
- police and child protection reports
- previous medical reports

The question of obtaining a medical examination and report subsequent to the disclosure of sexual abuse is considered under Verification.

While the information obtained from reports may be useful, this data is usually restricted to providing a context within which to understand the child and her family. Specific information regarding the existence, extent and nature of sexual abuse is generally obtained from family members through the interviewing process. Prior to interviewing a sexually abused child or her family, it is helpful to identify in detail the information which the intervenor wishes to elicit.

(ii) Information To Obtain

The following information should be established early in the intervention process. This outline is not presented as the ideal or complete information to be obtained as this will

Notes

vary according to the specific circumstances of each case. However, the outline may be used as a guideline for the minimum information to be elicited at the beginning of the intervention process.

Type of Sexual Abuse:	Using the definitions provided in Chapter 3, differentiate the alleged sexual abuse
Range of Sexual Activity:	Using information from the Range of Sexual Behaviour outlined in Chapter 3, differentiate the exact sexual activity in which the child has participated. Here it is helpful to ascertain whether or not a progression of sexual activity has occurred.
Age of Child:	The child's chronological age and developmental capacity should be determined.
Relationship to Perpetrator:	This information will assist in determining both the legitimate power position involved and the nature of the taboo violated.
Duration of Sexual Activity	How long has the sexual abuse been perpetrated? When the abuse started and the age of the child at commencement is important.
Frequency of Incidents:	The frequency of the sexual abuse should be established. Did this follow the 'common' pattern of initiation, maintenance, and secrecy and increased intimacy generally associated with father-daughter sexual abuse.

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Methods of Coercion Involved at the Beginning Phase:	Were use of threats, use of ligitimate authority, use of physical force, use of bribes involved? The degree of coercion and the specifics of each type of coercion should be determined.
Methods of Coercion Used To Conceal The Sexual Abuse	Were use of threats, use of legitimate authority, use of physical force, use of bribes involved? The degree of coercion and the specifics of each type of coercion should be determined.
Underlying Family Characteristics Conducive to Sexual Abuse:	Using information from Family Characterstics (Chapter 4) a profile of the participants should be developed and compared with the typical incestuogenic profiles.
Physical Indicators:	Are there visible signs of injury? Is a medical examination necessary? Is a medical examination likely to be diagnostically significant in relation to the allegation? (see Chapter 3)
Behaviour Indicators Present in the Child:	Using the information in Chapter 3, catalogue possible and significant behavioural indicators exhibited by the child.

Notes

Immidiate Precipitating Factors	Here it is useful to establish the existence of significant factors present at the time of the abuse or those present immediately prior to the event.
Were Other Children Involved:	In some situations an older child who has previously left home may have been abused, as may have younger siblings
When &Where Did the Sexual Abuse Occur:	It is important to establish whether or not the complaint is current or significantly dated. On occasions allegations are made some years after the fact. These are more difficult to verify and provide special problems in terms of intervention.
Who knows:	Here it is useful to establish what efforts the child made to tell the mother, family members or others. Was the disclosure specific or hinted at? What response was given to the child and by whom? Specifically was the mother told or does she know? What was the mother's response?
Sexual History:	The age of the child's first experience, the type of experiences, and the nature of subsequent sexual experiences should be included here. Additionally, the child's sexual knowledge and how this was obtained may be helpful in comparing age appropriate knowledge and behaviour with that of the sexually abused child.

Notes

Who Discloses the Sexual Abuse and Why:	Determining who discloses the abuse and why is significant in assessing prognosis, support for the child and accompanying expectations. The stage of the relationship at the time of disclosure should also be identified.
Feelings About The Sexual Abuse	Understanding the range and intensity of feelings present in the child and other family members is important.
Reaction to Disclosure:	Identifying the various reactions of participants to the disclosure is helpful in determining the anxities and resistences likely to be encountered, the child's circumstances, and possible intervention strategies.

The order of obtaining information and the degree of specificity will likely vary in each situation. However, as much data a possible based upon this outline is essential for assessment and decision-making purposes.

(iii) Interviewing

Interviewing the child and parents involved in sexual abuse is perhaps the most crucial component of the intervention process. It is through interviews with the participants that the basic information necessary for making decisions regarding verification, risk assessment and case management is usually obtained. It is assumed that practitioners intervening in cases of family sexual abuse are both knowledgeable and experienced in the conducting of interviews. Therefore, a comprehensive overview of interviewing will not be presented in this manual. Rather, this section will focus on issues, concerns and considerations unique to interviewing in cases of family sexual abuse. Also

Notes

since the child is the primary source of data in these cases, emphasis will be given to the "do's" and "dont's" of interviewing sexually abused children. It is important for the child that a female social worker conduct interviews in which intimate details and feelings regarding sexual activity between the child and her father are elicited. Potentially, the interview can be an embarrassing, shameful and generally traumatic experience for the child. This potential is heightened if the interview is conducted by a male practitioner.

Interviewing the Child

The preparation Stage

(a) The Purpose of the interview

The interviewer should establish a clear purpose for the interview which is scheduled to take place. The purpose should include:

- obtaining information
- providing information
- beginning the therapeutic process

Clarity of purpose assists the interviewer to be more sure of his/her role and to provide sharper focus to the interview.

(b) Review Significant Child Related Issues

Children differ from adults in significant ways. These differences should be reviewed prior to the interview in order to sensitize the interviewer to the developmental capacities of children and possible effects of these differences on the interview process.

- children have relatively limited vocabularies and have a limited technical knowledge of sex.

In this regard, especially with a younger child, it is important to consider the use of media or "aids" to assist the child present her story. This may be facilitated by:

- having the child draw pictures of themselves, their family, their home or the abusive evident.

- making the discussion of certain aspects into a game e.g. "You tell me" and I'll tell you"

Notes

- using puppets or anatomically correct dolls for eliciting accurate details regarding the child's abuse.

the child's sense of time may be limited. Young children may have difficulty remembering dates, times, or the accurate passage of time. Here the interviewer may assist in providing basis reference points, e.g. birthdays, holidays, season, etc.

- Young children have a comparatively short attention span. The length of the interview and the inclusion of activity should be considered in relation to this developmental aspect.

- Children tend to be more concrete in their thinking than adults. Here it is important to limit the use of abstract concepts.

- Very young children may mix reality with fantasy. usually, the basics of the child's story are reality-based, however, sometimes the details may be confused with items from their rich fantasy world.

(c) Get Control of the Facts

The interviewer should review carefully the facts associated with the allegation prior to the interview.

(d) Get Control of Feelings

It is essential for the interviewer to identify his/her own biases regarding sexual abuse. Equally important is the identification and control of feelings engendered by the specifics of each allegation.

(e) Anticipate the child's Possible Range of Feelings, Resistance and Reactions

Based on an understanding of the specific dynamics and effects of sexual abuse, the interviewer should review:

- what feelings the child may have about the abuse, the disclosure, the interview and future consequences.

- the possible points of resistance and defensiveness of the child in presenting her story.

Notes

- the symptoms likely to be exhibited by the child and their effects of the interview.

- what questions the child may have.

(f) Develop A Strategy

For the interview to achieve its goal of reducing defensiveness, obtain information and developing a therapeutic relationship it is necessary for the interviewer to develop an interviewing strategy.

This strategy should include consideration of:

- where to hold the interview
- who should be present
- should the child be seen alone or with other family members

- should single or multiple interviews be used to obtain the required information

- the length of the interview

- the topics to be discussed and the structuring of the interview*

The Beginning Phase

The focus in this phase of the interview is to reduce the child's anxiety and to develop a rapport with the child which will enable the child to recount the sexual abuse in a manner and detail which facilitates the intervention process. Some basic "do's" and "don'ts" may provide guidelines for the interviewer during this phase.

* Based on Interviewing Children from Helping in Child Protective Services, American Humane Association Denver, 1980.

Notes

DO'S

- establish a conducive and private environment for the interview
- take time to introduce yourself, your role and the specific purpose of the interview
- do ensure that you have the necessary equipment for the interview e.g., media items
- attempt bridging with the child through introduction by or presence of a helpful adult whom the child knows and trust. If this is not possible, the interviewer should attempt to convey credibility through explaining that they "talk to a lot of children about these things"
- advise the child of the "rules" for the interview. Explain what the child can or cannot do during the interview.
- spend time getting to know something about the child and convey a genuine interest in the child.
- convey to the child that you are intent on believing her story.
- be sensitive and businesslike in your approach
- respect the child's silences and resistances.

DON'TS

- exhibit strong emotional reactions to the child's abuse or details of the child's story.
- project that the child is to be blamed, is in trouble, or is not to be believed.
- embarrass or criticize the child or his family.
- use technical complex or abstract language
- rush the interview, or push the child to disclose intimate feelings or information
- make promises to the child.*

* Based on material from" We can Help - A Curriculum on Child Abuse & Neglect U.S. Dept. of Health Education & Welfare Washington, 1979.

Notes

The Middle Phase

This phase of the interview is concerned with exploring the facts of the situation and the child's associated feelings. Detailed guidelines regarding "Information To Obtain" previously discussed should be considered and utilized appropriately during this portion of the interview. It is important during this stage to allow the child to tell the story in her own way and to advise the child it is appropriate to share this information.

Leading questions, suggesting answers and pressing the child to answer questions which she doesn't wish to discuss should be avoided. During the phase the interviewer should encourage the child to ventilate feelings associated with the sexual abuse, its disclosure and concerns regarding future consequences.

The Closing Phase

During the closing phase it is important to de-escalate the intensity and emotional quality of the interview. The child should be provided positive feedback regarding their participation to reassure them that they have been helpful. Reassurance should also be given to the child regarding the interviewer's respect for the child, their belief of the child's story and their belief that the child is not responsible for the situation.

It is helpful to summarize what has transpired during the interview. A summary of what was discussed, conclusions drawn and decisions made is helpful for two reasons. Firstly, this can provide a sense of accomplishment and hope for the child. Secondly, it allows the interviwer to discuss what is likely to happened next. It is essential that the child be advised in realistic terms of the possible outcomes resulting from the interview. The interviewer should then attempt to prepare the child for these eventualities and answer with honestly any questions which might arise. Finally, the interviewer should convey their interest and willingness to assist and support the child through subsequent events.

Notes

Verification

The verification of family sexual abuse is a difficult task. It is complicated by a number of factors commonly associated with incidents of sexual abuse of daughters by their fathers. These factors include the following:

- the father does not admit to the sexual abuse
- the mother generally denies the existence of the problem
- medical examinations of the child are generally negative in their findings
- the child may withdraw her allegations
- usually there are no witnesses to the abuse
- substiantial evidentiary corroboration is usually lacking

These factors place a heavy burden of responsibility upon the skill of the practitioner to elicit, interpret and assess information obtained from family members through the interviewing process. It is important that the social worker be supported in this difficult yet crucial task through colleagial and administrative support, and through access to specialized consultation and assessment services. This may include access to both medical and psychological assessment for the child.

Sgroi (1982) suggests that the child herself rather than medical or psychological assessments should be the prime source of data upon which verification is based. Sgroi argues that ultimately,

> "Determining the validity of an allegation of child sexual abuse is first and foremost a matter of belief. You either believe the child's story or you do not".

Sgroi further suggests that deferring verification until after the parents have been interviewed and the father confronted, is likely to be interpreted by the child's parents as an indication of the practitioner's doubt and disbelief. This in turn may intensify the parent's denial and place the

Notes

child at risk of parental pressure to change her story. Withholding verification after interviewing the daughter is considered to provide increased opportunity for parental power to be exercised aimed at discrediting the child's story or having the child withdraw her allegation.

Practitioners are generally reluctant even after a thorough interview with the child to accept her allegation. In part this is due to a lack of confidence in their own judgement. Faced with hostile and denying parents who may intimidate the worker and even threaten to create difficulties with the worker's supervisors, many practitioners delay verification until they have authoritative evidence from alternate sources. Unfortunately, this corroboration seldom occurs and the intervention then becomes ineffective. In part, this withholding of verification is also due to a persistent fear of false allegation presented by the child. Even though false allegations are rare in cases of family sexual abuse, practitioners in general remain wary and suspicious of the child's presenting story.

False allegations in the literature dealing with family sexual abuse are extremely rare. Goodwin (1979) in a survey of psychological and psychiatric literature was unable to locate a recent case of false accusation. Alternatively, Goodwin, Sgroi 1982, Zaphiris 1978, and others suggest that false denial by a child of a sexual abuse allegation is a more prevalent phenomenon.

In addition Walters (1978) concludes:

> "Very few children accuse a parent of being sexually involved with them. When that does occur, whether the accusation is founded or unfounded, by its very rarity, we may suspect severe disruption in the relationship between a daughter and her father..."

Notes

Some guidelines can be given to practitioners to assist them in assessing the credibility of the child's allegations.

Allegations of Sexual Abuse

Actual	False
Presence of specific family characteristics or dynamics with sexual abuse	No incestuogenic pattern
Detailed description of sexual activities	Few specific details
History of multiple incidents with progressive intimacy	Isolated incident, no progression or history
Child exhibits emotional difficulties consistent with the alleged trauma	Absence of behavioural emotional symptoms
Child's story has consistency and detail regarding time, place, event, etc.	Contradictory or vague story
Disclosure is a response to a traumatic life experience	Disclosure is usually Opportunistic e.g., pregnant by boyfriend or afraid to return home after violating curfew
Child usually has few allies	Child may be aided and abetted by peers or adult friends
Child is subjected to history of secrecy, threats coercion and pressure	Absence of these
Child exhibit significant feelings of guilt and responsibility	Absence of guilt and responsibility

Notes

Allegations of Sexual Abuse

Actual	False
Child fearful of consequences of disclosure	Absence of significant fear
Concern for other family Members especially younger siblings	Self-centered preoccupation

Specialized Assessments

the provision of specialized reports may in some cases confirm the practitioner's judgement. In a few cases they may provide corroborating evidence. Psychological and medical assessments are usually the most helpful reports, however, their limitations in terms of corroboration should be understood and accepted.

(i) Psychological Assessment

Assessments of this nature should not be routine or automatic. They should be utilized to answer specific questions and a clear rationale for the assessment must be apparent. Without an understandable reason for the testing the child may experience the assessment as further victimization and evidence that they are to blamed for the occurrence. Psychological assessment may confirm the social worker's judgement. They may also provide valuable direction for subsequent treatment for the child. Projective testing which evaluates the child's emotional status and functioning are most relevant. Cognitive and intelligence testing is of little value for purposes of intervention planning. Specifically, Family Drawings, a Rorschach test or the Thematic Appreception Test are most helpful in eliciting information which can be used for assessment/treatment purposes.

(ii) Medical Assessment

A medical examination should be obtained for all children who have been sexually abused or who allege that such abuse has taken place. While this should be standard procedure the practitioner needs to be sensitive to the child's emotional status and the child's likely reactions to such an examination.

Notes

Several pre-requisites should guide the provision of a medical examination where daughters have been sexually abused by their fathers.

- the child must be prepared for and supported through the examination by the social worker or another trusted adult.
- the child must consent to the examination. Unless there is serious physical damage or the child's history suggests that serious damage is likely, the child should not be subjected to a medical examination against her will.
- a complete medical examination should be performed. This assists in de-emphasizing the issue of sexual abuse and sexual examination
- the physician should be knowledgeable regarding the phenomenon of sexual abuse.
- preferably the physician should be female and skilled in treating and relating to children.
- the physician should have the experience and qualifications to qualify as a strong witness should they have evidence to present at a subsequent court hearing.

The medical examination has three purposes (Sgroi 1982)

a) to identify and treat physical injury

b) to corroborate the existence of sexual abuse

c) to provide reassurance to the child that they are physically sound or not permanently damaged.

Since physical evidence and corroboration of sexual abuse seldom results from medical examination, this later purpose of reassurance is perhaps the most compelling rationale for obtaining an examination. This reassurance has considerable therapeutic potential, especially for children who fear pregnancy, future inability to conceive, disease or other permanent physical disability.

Notes

One final comment of a cautionary note needs to be made in respect of the verification process. The absence of physical trauma or the absence of a medical diagnosis of sexual abuse should not be construed as proof that sexual abuse did not occur. Primary reliance on medical findings to verify family sexual abuse is inappropriate and leads to premature termination of intervention and consequently places the child at risk of further abuse.

Risk Assessment

Following verification, the next component of the intervention process is that of risk assessment. Risk assessment involves the prediction of whether the sexual abuse is likely to be repeated following disclosure. It also involves the assessment of the potential for further physical or emotional damage to the child. Our current knowledge of the dynamics and consequences of sexual abuse and the effects of intervention precludes the identification of specific factors which can be said to establish an accurate prediction of risk to the child. Nevertheless, some important factors should be considered by practitioners when assessing risk in these situations.

Factors to Consider

The absence, presence and intensity of the following factors should be considered.

(i) Factors Related to the Father

- is there a history of alcohol or drug abuse? Is substance abuse a present problem? If so, what if any treatment is being sought or utilized for this problem?

- is the father's sexual involvement with the child part of a permanent sexual orientation to children or is this relatively new behaviour with no previous history of sex with children?

- is there a history of violence, force or threat? Has this been perpetuated on the mother? On the daughter? With what frequency and to what degree?

Notes

- what is the emotional and psychiatric status of the father? Is the father emotionally stable? Is there a reasonable level of impulse control, and frustration tolerance? Does the father exhibit psychiatric symptoms? Is the father intellectually or mentally impaired? Is the father mentally ill?

- What is the father's response to disclosure? Does he accept responsibility? Does he blame the child? Does he refuse intervention and treatment?

(ii) Factors Related to the Mother

- what level of protection can the mother provide for the child? Is she afraid of her husband? Can she assert herself? To what degree is she dependent or controlled by the busband?

- what is the mother's response to disclosure? Does she blame or believe the child? Does she deny? Does she accept reasonable responsibility? Can she effect adequate supervision of the child? Can she function as an agent of control? Does she refuse intervention and treatment? Does she minimize the problem and its effects on the child?

(iii) Factors Related to the Child

- What is the age of the child and her developmental capacity?

- to what degree and with what frequency did the sexual abuse progress? Was penetration involved.

- what was the duration of the sexual abuse?

- what is the child's assessment of the risk to her following disclosure?

- is the child excessively fearful?

- does the child refuse to return home?

- does the child have adequate adult support within and external to the family? Are these adults readily accessible and reliable?

Notes

(iv) Factors Related to the Family

- is the family geographically or socially isolated? To what degree? How closed is the family system?

- is the family experiencing multiple problems or crisis? Are there severe marriage problems? Is the family transient? Is the family chronicly diagnozed or chaotic?

- What is the attitude of the siblings to the abused child? Are they supportive, accusatory or rejecting?

Summary

Intervention related to incidents of sexual abuse is difficult, complex and challenging for professionals. It requires experience, specialized knowledge and a high level of professonal skills. It also requires special personal qualities in the practitioner. The qualities include sensitivity, integrity, confidence and persistence. In addition, practitioners require the full active support and backing of their colleagues, supervisors and the administrative component of their Agencies. With these ingredients, intervention can be a therapeutic rather than traumatic experience for the abused child, the abusive family and for the social worker themselves.

Further Reading

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RELATED AUDIO/VISUAL MATERIAL

Interviewing the Child Abuse Victim

This 25 minute colour 16 mm film depicts a sequence of narrated interviews of abused and neglected children. Available through Magic Lantern Film Distributors, 872 Winston Churchill Blvd., Oakville, Ontario L6J 4Z2

Double Jeopardy

This 40 minute colour 16 mm film follows several sexually abused children through the investigation and legal process. Available through Magic Lantern Film Distributors, 872 Winston Churchill Blvd., Oakville, Ontario L6J 4Z2

Incest The Victim Nobody Believes

This 20 minute colour 16 mm file depicts the fears, isolation, confusion and guilt of three young women who were sexually abused as children.

Available through Magic Lantern Film Distributors, 872 Winston Churchill Blvd., Oakville, Ontario L6J 4Z2

Sexual Abuse: The Family

This 30 minute colour 16 mm provides helpful insights and role plays involving the interviewing of sexually abused children.

Available from the National Film Board of Canada.

CHAPTER 6

TREATMENT APPROACHES

Notes

The treatment of family sexual abuse is currently at a very beginning level, in relation to our understanding of the problem and how to effectively treat the participants. Professional literature reflects very few reports of treatment approaches specific to sexual abuse. The reports available are generally related to the treatment of a small number of cases, using a single treatment modality with a particular participant. Few reports of a coordinated and comprehensive treatment approach are available. In addition, current treatment approaches are seldom evaluated in a systematic and reliable manner.*

As Kroth (1979) concludes, "there is currently no scientific basis to decide whether any one approach is better than any other in dealing with incest offenders, victims and their families. We do not have a study that might show a Gestalt approach more effective than a Parent's United or Parent's Anonymous model in dealing with offenders, families and victims."

While this may be interpreted as a somewhat pessimistic conclusion regarding the state of our treatment efforts to date, it should be remembered that in terms of its status as a social problem and professional intervention, child sexual abuse is a 'new' phenomenon. The growth of our knowledge of this phenomenon in the last decade has been substantial. The current proliferation of books, articles and training programs dealing with sexual abuse reflect this development. This together with the emergence of numerous and innovative treatment programs are reasons for optimism that our treatment efforts will become more systematic and effective. While out current knowledge of how to treat family sexual abuse is limited, this should not inhibit our attempts to provide treatment services to those involved.

* For an exception to this limitation see:

Kroth, J.A. Child Sexual Abuse - Analysis of a Family Treatment Approach. Charles C. Thomas, Springfield, 2979.

Notes

Rather this limitation should renew our efforts to improve our understanding and efficacy. In the meantime, treatment efforts should proceed with caution and an understanding that there is no simple, single or authoritative approach.

In addition to the present limitation of knowledge and research, other constraints may impinge upon and hinder the treatment of family sexual abuse. Perhaps the foremost practice constraint is the feeling of many practitioners that they lack both the confidence and competence to provide treatment in cases of sexual abuse. This may be due in part to a realistic appraisal based upon lack of experience and specific training in the area of sexual abuse. For example, a recent survey of 200 protective service workers in Iowa concluded:

> "One of the most important findings in this study involved worker's feelings towards working with incest. The workers indicated their dissatisfaction with their training regarding incest, a feeling that working with incest was particularly problematic for them and a heavy reliance on professional literature for information regarding incest"(1)

On the other hand, this appraisal may be based upon a "mythology" regarding sexual abuse. Perhaps due to the secrecy and taboo which has surrounded this phenomenon for so long, many practitioners have the misperception that treatment of sexual abuse is exclusive or to forensic psychiatry or other medical specialties. While the treatment of sexual abuse does require clinical experience, skill and specialized knowledge, it should be recognized as one of many manifestations of family dysfunction. As such the treatment of these families is not dependent upon the practitioner's professional discipline or some esoteric process. In essence, "treatment is simply all the activities and forces you bring into play to help the client control and manage her life". (2)

(1) Dietz, C.A. and Craft, J.L. "Family Dynamics of incest: A New Perspective" Social Casework, May, 1980.

(2) Holder, W. ed. Helping in Child Protective Services, American Humane Association, Denver, 1980.

Notes

In this regard, with a thorough understanding of the dynamics of sexual abuse and its effects upon family members, the provision of treatment can be affected by practitioners from different orientations and with different professional experience and qualifications. Perhaps the primary pre-requisite is a genuine interest and desire to provide treatment in cases of sexual abuse.

To assist the practitioner who may be required to provide treatment for the abused child and her family, this chapter considers treatment principles, issues, goals and methods.

Treatment Principles

The generally accepted treatment principles which underly all therapeutic activity are usually applicable and desirable in the treatment of family sexual abuse. However, some additional treatment principles are suggested for the management of these cases.

1. The Sexual Abuse of Children Is Unacceptable Behaviour

Practitioners should approach the treatment of family sexual abuse with the clear understanding and acceptance that under no circumstrances is the sexual abuse of children acceptable behaviour. Amid changing values regarding sexual behaviour and faced with the family's presentation of mitigating circumstances, it is important for the person providing treatment to communicate to the family and especially the perpetrator that the abuse can never be condoned, must stop and not be repeated. This, of course, should be conveyed within the context of a willingness to assist and not through a punitive or condemning approach.

2. Sexual Abuse Is Harmful to Children

The issues of the effect of sexual abuse on Children will be addressed more fully in this chapter under "Working with the daughter who has been sexually abused". Although there is no consensus regarding the degree of trauma or its durability, it is generally accepted that sexual abuse of children has harmful consequences for all children. As Sgroi (1982) has noted:

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> "The bottom line is that the child sexual abuse involves a violation of the victim's body, privacy, and rights or self-mastery and control." (3)

or as Kempe (1978) suggests, sexual abuse robs the child of developmentally appropriate sexuality.

In the absence of discernible physical or emotional symptoms and as a defence against the consequences of their behaviour, many parents will attempt to minimize or deny the effects of the sexual abuse upon the child. Practitioners, too, many be unsure of the effects of the abuse and may also minimize the consequences of the behaviour for the child. Effective treatment requires that both parents acknowledge the reality of the effects of sexual abuse upon the child. This acknowledgement increases the potential for the parents to be sensitive to and concerned for the child. It may also increase subsequent parental protection of the child by the mother and reduce the possibility of reoccurrence. In this regard, it is important for the practitioner to convey to the family a clear message that while the effects on the child may vary, the sexual abuse is always harmful.

3. All Family Members Need Treatment

Frequently, in cases of abuse, treatment efforts are confined to or focussed on either the perpetrator or the victim. Occasionally, only the perpetrator is considered to have "the problem". Other family members, especially those not actively involved in the abuse, may be excluded from the treatment process. Family members, too, may reinforce this approach by scapegoating certain participants or by rationales such as "He did it", "It's not my problem", or "I don't need help, I didn't do anything". For all these reasons, the practitioner should take the position that child sexual abuse is a family problem and all members need to be actively involved in the treatment process.

(3) Sgroi, S. Intervention in Child Sexual Abuse
Lexington Books, Lexington, 1982.

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4. The Protection of the Abused Child is of Primary Importance

When providing family treatment, it is necessary to develop therapeutic relationships with various family members. In addition, the competing needs of different clients within the family system have to be considered. Attempting to empathize with family members, each with individual needs, is a difficult task for the therapist. It may also give rise to a confusing of priorities or conflicting alliances. To avoid this potential situation the practitioner should approach the treatment of family sexual abuse from a child-centered perspective in which the protection and treatment needs of the abused child are primary.

5. The Treatment of Sexual Abuse Requires a High Level of Outreach and Availability

The characteristics of sexually abusive families (see chapter 4) suggests that effective treatment requires significant outreach and availability on behalf of the practitioner. Common factors such as denial, secrecy, isolation and resistance to outside intervention combine to make these families difficult to engage and maintain in treatment without special efforts by the therapist.

6. Treatment should be MultiModal

The complexity of the dynamics of family sexual abuse requires that a number of treatment methods be utilized in order to effect change, resolve trauma and reconstitute the family system. Reliance on a single treatment modality is likely to limit effective resolution of the problem and in some situations may be counterproductive. A more detailed discussion of this issue is provided under "Treatment Modalities".

7. A Minimum of Two Practitioners Should Be Involved in the Provision of Treatment

The provision of a multimodal treatment approach to abusive families is both difficult and demanding. It also requires knowledge and expertise in a variety of treatment roles and methods. These factors combined with the general high level of stress involved in working with cases of child abuse suggests that the practitioner should have the assistance of a co-therapist. This does not necesssarily mean that all aspects of treatment should be conducted through co-therapy, rather, case sharing is suggested.

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Professionals experienced in treating sexual abuse attest to the benefits of involving colleagues in the provision of treatment. In a recent survey of Intrafamilial Sexual Abuse Treatment Centres in the United States, Forseth & Brown found:

> "The least preferred method of approaching a case was with one professional working alone. It was emphasized by respondents that support and involvement by professionals on intrafamilial sexual abuse is essential for successful treatment of these families (4).

Working with sexual abuse cases can provoke intense feelings towards the participants (see Chapter 2). Feelings of anger, anxiety and inadequacy may arise. Working with a colleague can assist in identifying and ventilating feelings and so minimize their negative impact on treatment endeavours.

Treatment Issues

Issues which impact on the effective treatment of family sexual abuse are numerous. These issues may be generated from either the client system, the intervention system or the larger social system. Some of these issues may have limited influence on the treatment process, while others are of major importance. Practitioners should be cognizant of these latter issues and their treatment significance.

(4) Forseth, L.B. & Brown, A. "Survey of Intrafamilial Sexual Abuse Treatment Centres: Implication for Intervention", Child Abuse & Neglect, Vol 5, No. 2, 1981.

Notes

1. Societal Response to Sexual Abuse

Treatment providers are generally employed by agencies or institutions which are publicly funded and mandated to provide social, mental health, or protective services. In essence these agencies represent the community's formalized response to social/family problems, and the practitioner in many ways is an agent of the community in service to the community. Providing a therapeutic approach to sexual abusive families on behalf of a community which is likely to be punitive or at best ambivalent in its orientation of sexual offences, sexual offenders and their families can result in conflict for the practitioner. It may be difficult for the therapist to advocate for and to maintain a therapeutic approach to these families within a negative or punitive societal context.

In this regard, treatment efforts may, not receive community support, by minimized or undermined. The humanistic approach of the practitioner in these cases may also receive little support from other helping professionals. This may be especially noticeable where the social worker attempts to keep the child within the family during treatment or if the child is reunited with the perpetrator. A negative societal response to sexual abuse may cause additional concern for the practitioner in that it is likely to result in further trauma for the family, especially the victim. Hostile community reaction may increase the child's sense of guilt, shame and responsibility over her participation. It is also likely to further isolate the family and generally increase resistance to treatment. Indeed it has been suggested that the nature of the societal response to sexual abuse may be more traumatic for those involved than the abuse itself.

2. Judicial Involvement

The involvement of the criminal justice system in cases of sexual abuse is an important variable which has to be considered when treating sexual abuse. The consequences for family members when the criminal process is invoked are numerous and serious. Investigation, interrogation and the taking of statements are involved in the first phase of police involvement. Subsequent consequences may include the laying of charges, public court appearances and trial, incarceration before, during and after the court proceedings. The child may be required to testify against her father, be subject to cross examination and be publicly exposed as a participant. The Family's experience with the

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criminal justice system may be negative and it may be argued that this approach is traumatic and does more to harm than help the family and its members. Justice (1979) suggests that "many families come away from the judicial system feeling the child has been harmed rather than helped by the process".

On the other hand, some experienced treatment providers suggest that the involvement of the criminal justice system is ultimately necessary and helpful for successful treatment. Giarretto (1978) who has treated hundreds of sexually abusive families in the Santa Clara 'Child Sexual Abuse Treatment Program' reports that a legal involvement has two major advantages which influence a positive treatment outcome. Firstly, it provides a means of expiation for the offender. This is seen as helpful in that the perpetrator can atone for his behaviour. Secondly, it provides a powerful and authoritative incentive for changing behaviour and stopping the abuse. Giarretto, also reports that of the small number of families who prematurely withdraw from his treatment program, none were involved with the police or criminal justice system. Consequently, he concludes, "The authority of the criminal justice system has proven to be absolutely essential in treating incest."

In support of authoritative intervention in sexual abuse situations, Sgroi (1982) argues that:

> "Clients will turn to us as an alternative to some pressure or sanction...unless helping professionals are willing to join forces with professionals with statutory authority, little effective treatment for child sexual abuse is likely to occur." (5)

As sexual abuse is a criminal offence, the involvement of the criminal justice system is inevitable in many cases. Consequently the meshing of the legal and therapeutic systems to effect positive change in the abusing family is an important consideration.

(5) Sgroi, S. Intervention in Child Sexual Abuse Lexington Books, Lexington, 1982.

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3. Separating the Participants

This question of whether or not to separate the father and daughter during intervention and treatment is a difficult one to resolve. In some situations the decision is made by the criminal justice system when the father is arrested. However, unless the charges are extremely serious and the offences numerous or violent, few fathers are held in jail pending trial or adjudication. If the father is released on bail or other surety it is commonly found that he returns to the family home. This enforced separation during judicial proceedings is generally short. Of course, if the father is subsequently found guilty and is then incarcerated a more enforced, prolonged separation may occur.

Separation of the child and perpetrator may also be effected by removal of the child through provision of the Child Welfare legislation. In these situations a risk assessment (see Chapter 5) should be completed prior to the invocation of Family Court proceedings.

It is also possible that separation of participants may occur on a voluntary basis. In some situations, although generally a minority of incidents, the father voluntarily agrees to leave the family home until the investigation is completed or treatment begun. In other situations the mother may separate from the husband until the matter is resolved. Alternatively, the mother may make arrangements with relatives or friends to care for the daughter until the facts are ascertained and the home is considered safe for her return. For the practitioner, the issue is whether or not to influence voluntary or court-ordered separation of the father and daughter, and for what period of time. Current treatment approaches provide no consensus on this issue. Justice (1979) and others suggest that separation further victimizes the child and fragments an already dysfunctional family. On the other hand, Sgroi (1982) argues that such a separation, on a temporary basis, should routinely occur during the initial stages of intervention.

In support of temporary separation, it is suggested that this provides the opportunity to demonstrate to the family that the child is believed and that there is a serious problem which needs to be resolved. In addition, it is suggested that

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a separation prevents the child from being victimized, pressured or subjected to further sexual or emotional abuse following disclosure. Here it is recommended that the separation be maintained at least until the family has engaged in treatment. Giarretto (1978) supports the concept that older children should determine for themselves whether or not a separation is necessary. Giarretto suggests several exceptions to this guideline. These are:

(i) The child is too emotionally weak and too oppressed to make a realistic decision by herself.

(ii) The mother does not want the child to remain in the home.

(iii) The mother appears to be dangerously abusive.

(iv) The father's level of impulse control is extremely low and he will have access to the family.

Should separation be the strategy of choice, preference should be given to the father leaving the home. In many cases, however, this is not feasible due to denial and resistance. In these situations, it would be necessary to arrange for the daughter to be placed outside of the family. If this latter approach is taken the practitioner should give careful consideration to proposed or possible placement with relatives. Some caution is required here for two reasons. Firstly, the relatives may misuse their knowledge of the sexual abuse. This may be done through blaming or undermining the child's allegations. It may also be done by attacking the perpetrator or other family members. This in turn may create increased anxiety for the child and further alienate her from her family. Secondly, the child and family may be embarrassed if required to share the details of disclosure with close relatives. Prolonged separation of the child is generally considered to be traumatic for the child and be perceived as punishment and further victimization. In this regard, it is recommended that attempts should be made to make the separation as short as possible. Should separation of the child be required, pre-requisites for her return to the family would include:

(a) perpetrator leaves the home (forced or voluntary) or the mother separates from the father

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or

(b) the perpetrator remains in the home and

i) the sexual abuse is verified
ii) the father accepts responsibility for the abuse
iii) the mother accepts responsibility for protecting the daughter
iv) the family has engaged in treatment

4. Prognosis

Personal and commuity reactions to child sexual abuse, especially feelings of outrage, inadequacy and being overwhelmed give rise to doubts regarding the prognosis and even the desirability of treating family members involved in sexual abuse. The lack of evaluation data in relation to current treatment approaches raises further doubts as to the efficacy of treatment in these cases. While there is at the present time no conclusive research findings with which to resolve this issue, it is helpful to place the issue in perspective and to recognize that no conclusive "proof" now exists regarding the effectiveness of most mental health therapy. Applying a more vigorous measure to the treatment of sexual abuse is somewhat discriminating and may relate more to our conscious or unconscious personal reactions to the sexual abuse of children. In any event delaying therapeutic intervention until treatment success is 'proven' is likely to be unrealistic and impractical.

The most systematic research of a specialized sexual abuse program is that of Kroth (1979). Kroth conducted a six month evaluation of the "Impact of Family therapy on Intrafamilial Child Sexual Abuse" at Giarretto's Child Sexual Abuse Treatment Program. Utilizing matched samples, Kroth compared the changes in family members as a result of therapy, from intake to termination. 44 measures were utilized to measure changes in the perpetrator, the victim, the family and recidivism. On the basis of this data, Kroth concluded:

> "From a statistical standpoint 82% of the measures favoured the family therapy approach and its efficacy, while 6% did not, ... the overall conclusion is that the impact of the Child Sexual Abuse Treatment Program family therapy in the treatment of interfamilial child sexual abuse is positive and therapeutic." (6)

(6) Kroth, J.A. Child Sexual Abuse. Analysis of a Family Therapy Approach
Charles C. Thomas, Springfield 1979

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In his own evaluation of the Child Sexual Abuse Treatment Program, Giarretto reports:

1. No recidivism has been reported in the more than 600 families who have been treated and formally terminated.

2. Compared to the situation prior to CSATP, children have been returned to families sooner, 90% within the first month.

3. The self abusive behaviour of the daughter is significantly reduced.

4. The majority of marriages are saved and more mutually satisfying.

While these results are encouraging, it should be noted that this treatment program provides a comprehensive and multimodal approach to the treatment of sexual abuse which may have an intensive impact on those being treated. At the present time, a comparable treatment program has not been developed in Canada.

Although all the variables which contribute to successful therapeutic outcome are currently unknown some general prognostic indicators include:

- the absence of alcohol or drug abuse in the perpetrator
- the absence of mental illness or mental deficiency in family members
- a commitment to treatment by all family members
- court-ordered therapy for the father
- an admission by all family members that sexual abuse has occurred.

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The treatment of sexual abuse is considered to be a long term process. Sgroi (1982) suggests a period of at least 6 months and possibly as long as two years is required. Giaretto (1978) reports the average length of treatment to be six months. Saphiris (1978) in relation to incest suggests that a two or even three year period is required to effect permanent change. It would seem reasonable to conclude that the availability of and commitment of sexually abusive families to an extensive treatment process is a major prognostic indicator.

Treatment Goals

Successful therapeutic endeavours require that treatment be a planned, rather than an ad hoc process. In turn sound treatment planning is predicated upon the development of appropriate and realistic treatment goals. The development of treatment goals specific to family sexual abuse should be achieved through an understanding of the dysfunctional family system (see Chapter 4) and through assessment of the effects of the abuse on participants. Such an approach ensures that the treatment goals are related to altering the family dynamics which precipitated the sexual abuse and at the same time are directed towards the remediation of the consequence of the abuse. While treatment goals will vary according to the uniqueness of each family, individual members and the impact of sexual abuse upon their lives, some treatment goals common to family sexual abuse can be identified.

(a) Basic Treatment Goals

Some treatment goals are general in nature and may apply to all family sexual abuse, others are specific and related to individual family members. While each family member may have legitimate individual and perhaps urgent treatment needs, it is important for the practitioner to have clarity regarding the basic goals of treatment in these cases. The definition of the basic therapeutic purpose can assist the treatment provider to maintain objectivity and priorize competing treatment needs. Basic treatment goals should include the following:

1. To prevent further physical or emotional victimization of the sexually abused child

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2. To ensure the cessation of sexual abuse of children by the perpetrator.

3. To ensure that parents accept responsibility for the occurrence of the sexual abuse.

4. To restructure family and marriage relationships

Basic treatment goals should be complimented by the development of specific treatment goals for individual family members and these will now be considered:

(b) Specific Treatment Goals

Specific treatment goals for working with the perpetrator, mother, daughter and the family unit should be established by the practitioner. Where possible this should be achieved in consultation with the appropriate client.

Working With the Daughter who Has Been Sexually Abused

The long term effects of family sexual abuse upon the daughter are not clearly established. Current research is based on clinical findings at the point of disclosure which may be immediately subsequent to the occurrence of the abuse, or many years later. In this latter instance, the effects of sexual abuse are exhibited in adult females seeking thrapeutic assistance for a number of presenting problems which initially may or may not include sexual abuse. Additionally, the consequences of sexual abuse for the victim may be inferred from the study of other social phenomenon. James (7) for example in a study of 200 Seattle prostitutes reported that 22% had experienced incest in childhood. However, as Meiselman (1978) indicates it is difficult to separate the effects of sexual abuse from the effects of the dysfunctional family environment or those of other traumatic life experiences. Consequently, the retroactive perception of women who were incest victims regarding the effects of incest on their subsequent

(7) As reported in Giarretto, G. "The Humanistic Treatment of Father-Daughter Incest" in Child Abuse & Neglect ed. Helfer, R.E. & Kempe, C.H. Ballinger Publishing Co, Cmbridge, 1976.

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functioning may lack objectivity and reliability. In a comparison of matched samples of women in psychotherapy, Meiselman found significant differences in relation to the functioning of women who had childhood incestuous experiences. These differences included:

- a higher incidence of presenting problems at the time of referral
- a higher incidence of previous hospitalization for psychiatric problems.
- this group of patients were assessed as generally being more severely disturbed than the matched group.
- a significantly higher incidence of post marital and sexual difficulties.

With respect to this latter finding, Meiselman noted this group of patients had experienced several marriages and extra marital liaisons. These relationships were considered unsatisfying and it appeared they had chosen and tolerated relationships in which they were emotionally victimized. Additionally, it was noted that 87% of this client group had sexual adjustment problems which included frigidity and promiscuity. These findings suggest that without an intervening therapeutic experience victims of child sexual abuse are at risk of long term adjustment difficulties. However, the manner and degree to which sexual abuse is harmful depends on many variables. The effects of sexual abuse on a child may have minimal or serious impact, be of a short term or a long term, nature. Possible factors which may influence the consequences for the child are:

(i) The Age of the Child

Younger children, unless physically injured, assaulted or hurt may experience less severe consequences than older children. The child's lack of understanding and guilt are determinants in this regard. The impact of the negative aspects of the family's functioning, such as marital problems and role reversal, may have less effect on younger children.

Older children, especially adolescents, may experience considerable and long lasting effects as a result of family sexual abuse. Heightened awareness of appropriate sexual behaviour, reaction to the incest taboo, impairment of social relationships and a strong sense of guilt may combine to make this a most traumatic experience for these children.

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(ii) Duration

The longer the duration of sexual abuse the more likely the potential for serious consequences for the child. In this regard sexual abuse which begins when the child is very young and continues through until adolescence may be the most damaging to children. The subsequent awareness in adolescence can be devastating for these children.

(iii) Sexual Activity

Penetration, anal or vaginal, is likely to be a more damaging experience for a child. Usually penetration is associated by the child with physical pain or an absence of mutuality, both of which may have a negative impact on the child.

(iv) The Family context

The degree to which the marriage and family relationship are flawed may exacerbate the effects of the sexual abuse on the child. The absence of warm, nurturing relationships may compound the child's difficulties. It may then be argued that the emotional climate prevailing within the family is a greater determinant of subsequent problems for the child than the abusive occurrence itself.

(v) Remediating Factors

The presence of positive familial or extra familial relationships may significantly reduce the effects of sexual abuse on the child. The absence of negative community reactions to the child's victimization may also be a remediating variable. Lastly, the child's own capacity and means of handling stressful situations may mitigate the effects of abuse.

Regardless of these variables the preponderance of evidence suggests that sexual abuse is indeed harmful to children. It is the treatment of these harmful effects which should constitute the treatment goals in working with daughters who have been sexually abused. Specific treatment goals should usually include:

1. Reducing The Child's Sense of Guilt

Children who have been sexually abused, especially older children, and especially after disclosure, generally experience excessive feelings of guilt. These feelings of guilt are usually pervasive and may arise from a number of sources:

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(i) guilt as a result of participation

(ii) guilt as a result of reporting

(iii) guilt as a result of subsequent family disruption

(iv) guilt as a result of pleasurable physical sensations

(v) guilt as a result of community reactions

(iv) guilt as a result of anger to fathers, mothers or others

Treatment activities should be focussed on assisting the child to verbalize her guilt feelings and to provide the opportunity for the child to ventilate these feelings. The child may be confused or unaware of these different aspects of guilt or their source. During the treatment process, it is helpful if the therapist can assist the child to identify these guilt feelings and the origin. Care should be taken to probe gently in this area. The child is likely to have considerable difficulty in dealing with the issue of guilt as a result of pleasure, or anger towards her mother. Usually these are more amenable to discussion at a later stage of treatment.

In helping the child to resolve these feelings of guilt, practitioners should reassure the child that they are never responsible for the sexual abuse, the consequences of disclosure or the feelings which result. The child should then be helped to realistically reassign responsibility. At a later point both parents must be helped to reinforce this reassignment by verbalizing directly to the child that she is not responsible for what has happened.

2. Reducing The Child's Fears

Sexually abused childen may experience numerous fears. These fears may be founded or unfounded. The task of the therapist is to facilitate the identification of these fears and where possible to take direct action to alleviate the apprehension being experienced by the child.

(i) Fear of Further Abuse

Because of their inability, and that of their mother, to control the father, some children may fear further incidences of abuse by the father. This may include a fear of both sexual and physical abuse. Here it is important for the therapist to reassure the child that the father's behaviour will be controlled. This may be done by

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establishing external controls, imposed by the legal system or the therapist. This control may also be internal and imposed by the child's mother or the father's self control. In these latter circumstances it is important for the mother and/or father to personally provide this reassurance to the child. Lastly, the child may be helped to view themselves as a future agent of control by reinforcing their right to disclose immediately subsequent sexual overtures. In addition to a fear of further sexual involvement with their fathers, some children expressed a fear of being sexually abused by other male persons either known or unknown to them. This generalized fear is more difficult to deal with. It is usually resolved over time as the child's trust, self esteem and assertiveness increases.

(ii) Fear of Being Permanently Affected

Premature and taboo saxual relationships may result in children feeling that they are different from other children. While in some respects this is true, these children may perceive themselves to be intrinsically and permanently different. As a result, some children fear that the sexual abuse will 'taint' all their relationships and especially heterosexual relationships. This fear extends to dating boys and future marriage. Additionally, some children are fearful that they have been physically damaged by the sexual activity; fearing medical problems, inability to conceive or the likelihood of miscarriage or birth defects. Every effort should be made to reassure these children that they have not been permanently damaged by the sexual abuse. This reassurance may be facilitated through a complete medical examination by a sensitive and supportive physician. Reassurance may also be provided by involving the child in group treatment where feedback may be provided through a peer group. Additionally, the therapist should not infantilize the child by over protection or reduced expectation. Rather the therapist should relate to the child in a manner appropriate to her age and developmental capacities.

(iii) Fear of Legal Involvement

The involvement in the legal process, whether civil or criminal, is an anxiety provoking situation for the child. The child may be preoccupied with the upcoming court appearance. This may be a result of fear of testifying, sending the father to jail, or breaking up the family. The child may also be apprehensive regarding 'reliving' the experience in public, or whether or not she will be believed.

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In the treatment process the child should be assisted to identify and ventilate these anxieties. The child should also be adequately prepared for this experience. This preparation should include meeting the child's lawyer or the crown attorney, reviewing the questions likely to be asked, understanding the court process and possible outcomes. In some situations a visit to the court room and role playing the court process may be helpful to the child. In addition to proper preparation, the child will require considerable support throughout this period.

3. Resolving The Child's Ambivalent Feelings

In addition to intense feelings of guilt children who are sexually abused by a parent within their family setting usually experience feelings of ambivalence. The child may have conflicting emotions, with respect to her father, her mother and perhaps her siblings. This may involve both positive and negative emotions. Feelings of anger and hatred towards family members may be combined with feelings of love and affection. These conflicting emotions are a source of confusion, anxiety and even guilt for these children. To assist the child in resolving this ambivalence, treatment efforts should be directed to helping the child accurately identify and verbalize these feelings. Secondly, the child should be assisted in differentiating between feelings and action, with the understanding that they have no control over the development of feelings but can control their actions in response to their feelings. Lastly, the child should be helped to accept that these ambivalent feelings are to be expected in her situation and are quite normal for sexually abused children.

4. Improving The Child's Self Esteem

One of the most pervasive consequences of sexual abuse is its effect on the child's self esteem. Consumed with feelings of being different, damaged, responsible and betrayed, many of these children exhibit extremely negative self images. As one patient tragically described the effect of her incestuous experience:

> "Think of the lowest thing in the world, and whatever it is, I'm lower." (8)

(8) Forward, S. Betrayal of Innocence, Penguin Books, New York, 1978.

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Feeling worthless and hopeless, many sexually abused children engage in self destructive or anti social behaviour. Self destructive behaviour may include drug or alcohol abuse, suicidal tendencies, or promiscuity. Many of these behaviours appear to be directed towards punishing their own 'badness' perceived through intense feelings of guilt. Vale Allen described a similar experience as a consequence of her sexual abuse whereby she "actively assaulted herself through the premeditated use of men." (9)

This condition requires considerable time to remediate and is usually more successfully accomplished in group treatment. Through peer support, confrontation and positive feedback, the child is able to develop a more realistic appraisal of both her body image and her selfworth.

5. Improving The Child's Social Social Skills

As a result of constricted emotions, isolation and a negative self concept, many abused children have few satisfying social relationships. These children require assistance in developing appropriate and positive peer relationships. The development of positive peer relationships is not only beneficial to the child's self esteem, but is also helpful in reducing the child's isolation and dependency on the family to meet her needs for closeness and affection. Lastly, close, satisfying relationships assist the abused child to re-establish a sense of trust in other people.

To achieve this goal the child may need considerable support from the therapist. Developing new relationships involves talking, sharing and risking oneself, all of which may be difficult for the abused child and require guidance and assistance. Some children may also need assistance in learning more appropriate or helpful communication skills. These skills can be taught through role play, modelling or constructive interpretation. Here, group treatment is helpful in providing both role models and the opportunity to develop peer relationships.

(9) Vale Allen, C. Daddy's Girl, McLelland & Stewart Toronto, 1980.

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6. Improving The Child's Assertive Skills

As discussed previously, the sexually abused child is likely to model after the passive, dependent mother and be conditioned to non assertive behaviour. This non assertive orientation may place the child at risk of further victimization in both current and future relationships. The maintenance of a passive posture may also result in the child not communicating clearly her needs or in a failure to have these needs met. Again, this possible consequence has implications for the establishment and maintenance of mutually satisfying relationships. In this regard therapeutic intervention should assist the child to develop and apply assertive behaviour.

7. Teaching Appropriate Sexuality

Despite their premature sexual involvement, most children who have been sexually abused have profound gaps in their sexual knowledge. This limitation of knowledge is in part responsible for the child's fear that they have been physically damaged by their incestuous relationship. Also, sexually abused children may be vulnerable to future sexual problems. Additionally, as a result of childhood sexual activity, some children may develop seductive behaviour and may relate sexually when they desire to give and receive affection. Other children may conclude that sex is wrong, dirty or forbidden and subsequently deny their own sexuality.

To assist the child to have an adequate sexual knowledge base, and to come to a positive acceptance of their own sexuality, and to develop appropriate heterosexual relationships, a program of sex education should be provided for in the child's treatment plan.

While these treatment goals have been discussed as being of common and major impact to the sexually abused child, it should be recognized that the needs of a particular child may require different or additional treatment goals. Also, the priority and sequencing of the treatment goals will depend on the assessment of the child's treatment needs in each case.

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Working With The Child's Mother and Father

Providing treatment for the father and mother in cases of family sexual abuse is usually more difficult than that of treating the sexually abused child. The rigidity of personality structures, the extensive conditioning process and other characteristics common to these parents (see Chapter 4) contribute to make their treatment a challenging undertaking. In addition, to these underlying characteristics, the parental response to the disclosure of family sexual abuse is usually one of defensiveness, denial and protection of responsibility. Parents are generally more resistive to treatment and this is especially notable in relation to the father's motivation regarding treatment. However, through skillful intervention in cooperation with the legal system, it is possible to engage the child's parents in treatment and to effect significant positive changes. Where it is possible to involve the parents in treatment the following goals should be considered:

1. Assisting The Parents to Accept Responsibility For The Problem

   (i) The Father

The first step in treatment for the sexually abusive father is to admit that the abuse indeed occurred. Continued denial of the sexual abuse provides little opportiunity for effective intervention with the father or other family members. If this step is achieved the father should be assisted, regardless of precipitating factors, to accept full responsibility for the abuse. Here it is not sufficient for the father to admit responsibility. He must also believe that he is responsible for the abuse. In doing so the father must also believe that this behaviour is wrong and must cease. Although the father may be resistive to accepting responsibility or may feel guilty and depressed, this issue must be firmly addressed and resolved. The father's acceptance of full responsibility is the key to the restructuring of both the marriage relationship and family relationship. Once the father has accurately assigned responsibility to himself, he should then be encouraged to acknowledge this to his wife and daughter and to apologize for his behaviour. In this regard the child should be absolved from the responsibility not only for the sexual abuse but for all subsequent consequences arising from disclosure.

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(ii) The Mother

The child's mother should be assisted at the beginning of treatment to accept appropriate personal responsibility for what has transpired. The mother's responsibility is usually confined to two areas. First, her share of responsibility for the paucity of the marriage relationship, and second, her responsibility for colluding or failing to be aware of the abuse and so protect the daughter. It is helpful if the mother accepts this assignment of responsibility and to have her apologize to the child and to assure the child that she is blameless for both the abusive event and its aftermath or as Giarretto (1978) defines it "to assure the child she is an innocent bystander in a dysfunctional marriage".

The proper assumption of responsibility by both parents provides a reality base upon which treatment can proceed to resolve other underlying issues.

2. Assisting The Parents To Understand The Problem

Parents who are involved in family sexual abuse do not usually comprehend how or why the abuse occurs. It is common for these parents to verbalize statements such as "I don't know why I did this" or "where did I fail", or "why did you do this".

It is helpful in the treatment of these parents to assist them in understanding why the abuse occurred in their family. This can usually be facilitated through having the parents examine a number of important factors.

These include:

- examining the factors which lead up to the abuse
- identifying the stresses experienced by both parents immediately prior to the abuse. This may include specific stress factors and also the number of changes undergone by the family at this time.
- Exploring the nature and quality of their marital relationship prior to and at the time of the abuse. This may include consideration of how mutually satisfying the relationship was in both emotional and sexual terms.

Many parents will be able to identify and describe occurrences, behaviour and relationships. However, it is difficult for many parents to get in touch with their feelings associated with these events or relationships. For many parents these feelings are either suppressed or denied and it is painful for them to externalize these feelings.

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It is helpful if the practitioner can assist the parents to make a connection between the precipitating factors and their associated feeling states. In achieving this linkage, parents can then be helped to examine how they then acted in response to these feelings. It is also helpful if they can identify patterned responses utilized in relation to situations. Finally, it can be helpful for the parents to understand what needs were not being fulfilled in the marriage relationship in the period leading up to the sexual abuse and while the abuse took place. Based on this understanding, parents are more likely to see why the abuse occurred and what needs to be changed in their lives and in their marriage.

3. Assisting The Parents To Understand The Effects of Sexual Abuse on Children

It is not infrequent for parents to deny or minimize the effects of sexual abuse on children. Parental guilt, and absence of physical injury or severe behavioural symptoms may lead some parents to the conclusion that the child has not been traumatized or affected by the sexual relationship with the father.

Statements such as "I didn't hurt her", or " she hasn't said she's upset", or "she just wants to forget it" are often verbalized in this regard. As a means of preventing subsequent sexual abuse and in order to have the parents develop a more empathic and supportive relationship with this child, it is helpful to ensure that parents fully understand and accept the effects of family sexual abuse on the victim. Care should be taken here to avoid confronting the parents with statements made by the child in treatment, as a means of providing insight on this issue.

4. Improving The Marriage Relationship

Justice (1979) believes this is a key area for treatment and basic causal factor. He suggests:

> "When parents find greater satisfaction, emotionally and sexually with each other, they are less likely to turn to a child to get these needs met."

Other experienced treatment providers (Sgroi, Giarretto) also support this viewpoint. In attempting to improve the marriage relationship of the child's parents, several areas should be addressed:

Notes

(i) Reducing The Father's Power

The conceptualization of sexual abuse as a misuse of power by the father through which he conditions both mother and daughter to passive acceptance of his dictates, requires that treatment efforts be directed at reducing the father's misuse of power. Helping the father to assume a more democratic stance in family relationships, although difficult for him since he may fear a lack of control, is essential for the development of mutuality, closeness and satisfaction in relationships.

(ii) Improving The Mother's Self Esteem

Many mothers in sexually abusive families have feelings of worthlessness, incompetence and inadequacy. The genesis of this self appraisal may be the lack of adequate nurturing in the mother's family of origin, or it may be the result of subsequent life experiences. These feelings of low self esteem may be compounded by unmet needs in the marriage relationship in which the mother may feel unloved and unwanted. The disclosure of sexual abuse may heighten this self assessment as she may then feel betrayed, displaced, sexually inadequate and generally unable to satisfy her husband. Failure to protect the daughter may further exacerbate these feelings about herself.

It is possible for many mothers to feel intense anger at their predicament and those considered responsible for it (father, daughter, others). She may also be depressed and feel a sense of hopelessness. The therapeutic approach to improving the mother's self esteem should assist the mother to establish warm close adult relationships in which she can experience acceptance and feel given to.

(iii) Increasing The Mother's Control Over Her Life

As noted in Chapter 4 many mothers exhibit characteristics of passivity and dependence. Meiselman (1978) terms this a nonsexual masochistic life orientation in which the mother exerts little control over her life and experiences and tolerates emotional victimization in her relationships. These characteristics contribute not only to her own victimization but also to that of her daughter. As in the treatment of the sexually abused child, these mothers need assistance in both learning and applying assertive behaviour. Increasing the mother's control over her life is likely to have a positive effect on her self concept and her ability to protect her children.

Notes

(iv) Improving The Parents Capacity To Give And Receive Affection

The marriage relationships in cases of family sexual abuse are generally characterized by an absence of emotional satisfaction. Fathers, in particular, appear to have a considerable deficit in their capacity for and ability to exhibit empathy. This is likely a consequence of their dominating and narcissistic qualities. In any event, they do appear to need assistance in being able to identify with the feeling state of others and to be able to verbalize and behaviourally demonstrate this empathy.

The mothers, on the other hand, appear to have greater difficulty in communicating their emotional and affectional needs in a clear and direct manner. Additionally, they seem to have some impairment in their capacity to accept positive 'stroking' behaviour. This may be a result of their low self esteem and earlier deprivation or victimization.

Treatment approaches with respect to this issue may involve assisting in developing increased insight and sensitivity. It may also require that parents be helped to identify their expectations from the marriage relationship in terms of emotional, affectional and intimacy needs. Also, the parents may need assistance in improving their communication skills. Here the focus may be to have the couple learn to communicate in clear, unambiguous and supportive ways.

(v) Increasing Sexual Satisfaction within the Marriage

Sexual relations between the mother and father are generally dysfunctional and a precipitating factor in the occurrence of sexual abuse. Sexual relations may be non existent, deteriorating or incompatible. Treatment efforts may be helpful in this regard if they assist the couple to talk frankly about their sexual incompatibility, identify their sexual needs and to effect a resolution which will be mutually satisfying.

Improving Family Relationship

Improvement in the marriage relationship will obviously result in an improvement in general family relationships. In addition, two further treatment goals may be helpful in improving relationships between family members.

Notes

(i) Clarifying Role Boundaries

One of the consequences of family sexual abuse is the blurring of role boundaries. When this occurs the abused child may perceive the mother as a rival and the father as a suitor. In addition, the mother and father may engage in role reversal in relation to the abused child. Here the father may view the child as a marriage or sexual partner and the mother may see the child as a nurturing adult. siblings on the other hand may perceive their sister as a child and peer and yet with adult responsibilities and privileges. In total, the blurring of role boundaries is likely to engender feelings of confusion, jealousy and anxiety. It is also likely to be detrimental to the child's development and role identity, peer relationships and harmonious relations between family members.

The establishment and maintenance of clear role boundaries is a parental responsibility. Growth in self esteem and satisfaction within the marriage relationships are usually a pre-requisite in parental assumption of this responsibility. Treatment involving all family members in which appropriate roles and boundaries are discussed and established, is usually a helpful approach in achieving this goal.

(ii) Decreasing Family Isolation

Role boundaries may also be clarified through the development by family members of positive relationships outside of the family. Involvement in appropriate relationships and activities outside of the family may also reduce the family's isolation and the excessive reliance on the family system to meet all the needs of all family members. All of which may contribute positively to the restructuring of the family system and preventing further occurrences of sexual abuse.

As in the case of working with the sexually abused child, treatment goals for the child's parents should reflect both those issues which may be relevant to all abusive families as well as the unique characteristics and needs of each family.

Notes

Treatment Modalities

Ideally the methods utilized in providing treatment to sexually abusive families should be influenced by the characteristics of these families as outlined in Chapter 4 and by the treatment goals outlined above. Certain characteristics and treatment goals may be influenced more by one treatment modality than another. Alternatively, achieving a resolution of some treatment goals may preclude the utilization of some treatment modalities. Generally, a multimodal approach is recommended as most successful in the treatment of these families. The determination of which treatment modality should be used in relation to which family member and the sequencing of this process is also an important consideration.

Crisis Intervention

The disclosure of sexual abuse creates a considerable crisis for the family. The community response in the form of investigation, legal involvement and family disruption creates an emotional turmoil for family members which may provide opportunity for the application of crisis intervention techniques. A crisis intervention approach is generally appropriate during the initial stages of intervention with the focus that of assisting the family through the immediate consequences of disclosure and to engage in an ongoing treatment program. Holder (1980) suggests that in this crisis phase sexually abusive families generally proceed through predictable stages, each of which is characterized by common responses. These are:

State 1. Denial

In this stage the family's response is usually one of denial, shock or disbelief. It is common in this stage for the daughter or disclosing person to change their story as the family attempts to maintain its homeostasis.

Stage 2. Regrouping

This stage is often characterized by increased isolation of the family, a refusal to accept help and hostility to those attempting to intervene. As the family faces the crisis it falls back upon itself and established, but ineffective, problem solving methods to defend itself.

Notes

Stage 3 Reaching out

Holder describes this as the "Scratching, clawing" stage in which the family is experiencing feelings such as fear or shame and begins to look for help with their crisis. The help sought may be of a therapeutic nature or in the form of legal assistance to fight the allegations. Reaching outside the family for assistance is usually a further desperate effort to maintain the status quo.

State 4. Fall-Out

This is usually considered the bottom line in the family's response to the crisis. Here separation of family members is likely to occur. At this time the family disorganization may lead to additional symptomatic behaviour such as alcohol abuse, or "nervous breakdowns". The family may experience a sense of hopelessness as it realizes that the status quo cannot be retained. At this stage the family is usually more receptive to therapeutic intervention.

State 5. Towards Something Better

This stage is usually characterized by the family's beginning acceptance of the situation and the start of an upward trend in functioning. Holder suggests it is at this stage that traditional treatment modalities can be successfully introduced to the family.

Stage 6. Adjustment

In this stage the sexual abuse of the child is usually placed in correct perspective and the family recognizes and begins to work on other important aspects of its dysfunction. The goal here is seen as moving the family to a higher level of function than that which characterized the family prior to disclosure.

Individual Counselling Therapy

Experienced practitioners such as Zaphiris (1978) Giarretto (1978) and Sgroi (1982) strongly suggest that individual treatment with the father, mother and child should follow the crisis intervention phase. Although this individual therapy may proceed somewhat simultaneously, it is suggested that the most effective mode is to engage the participants separately in order of daughter, mother and father.

Notes

Individual therapy as the initial treatment modality is suggested for a number of reasons:

- it reduces the potential for denial, collusion or pressuring of family members.

- it assists in restructuring family relationships, limiting the power influence of the father, increases individual strengths and is generally helpful in breaking up the incestuogenic pattern

- it allows individual family members the opportunity to identify and ventilate the intense emotions such as guilt or anger, which generally accompany the abuse and its disclosure. Usually, participants require time to work through some of the emotions and associated pain before being able to discuss them fully and openly with other family members.

In relation to the sexually abused child the treatment goals of reducing the child's fear may best be approached through individual treatment. In working with the child's parents, individual treatment is recommended initially respecting the goals of accepting responsibility, understanding the problem and its effect on the child. It is recommended that where possible individual therapy be provided by a practitioner of the same sex as the client.

Dyad Counselling/Therapy

The next stage of treatment recommended is the involvement of two participants in joint counselling. The sequences recommended for this stage is:

(i) mother-daughter treatment

Giarretto, suggests that these participants should be introduced to dyad counselling first as they form the core around which the family is rebuilt. The development of an appropriate parent/child relationship whereby by the child is both nurtured and protected is seen as essential for reconstituting the family system.

(ii) mother-father treatment

In this dyad it is recommended that treatment focus on improving the marriage relationship and establishing clear role boundaries. Where possible cotherapy utilizing both a male and female therapist should be considered in the delivery of dyad therapy.

Notes

Group Counselling/Treatment

Group counselling for the daugher, father and mother is recommended by most experienced clinicians as a necessary treatment modality. While group treatment is sometimes perceived as of lesser importance in the treatment process, many practitioners believe it is an important modality in the treatment of family sexual abuse.

In this regard it is argued that certain treatment goals can best be achieved through this therapeutic method. Although many practitioners feel unsure of the efficacy or their competence in group therapy, those responsible for providing treatment in cases of sexual abuse are encouraged to develop group treatment programs for these clients.

(i) Group Treatment For The Sexually Abused Child

Group treatment for the sexually abused child can be most effective in the treatment of such issues as improving the child's self esteem, improving the child's social skills and improving the child's assertive skills. Additionally, this treatment modality may be helpful in teaching various aspects of human sexuality. Where possible female cotherapists should provide this treatment.

(ii) Group Treatment For The Parents

Group treatment for mothers is considered helpful in facilitating positive changes in the following areas:

- improving self esteem
- improving social skills
- improving assertive skills
- increasing understanding of the problem
- reducing isolation

While many of these issues can be addressed through individual or family therapy, group identification, support and confrontation may be a more effective process. For some mothers involvement in group treatment may create considerable apprehension. Sgroi (1982) reports that the mother's involvement in this treatment modality is more likely to be achieved if she is also receiving support through individual treatment and the group program is introduced early in the treatment process.

Notes

Giarretto (1978) reports treatment gains for fathers involved in both treatment and self help groups. Utilizing principles similar to those of Alcoholics Anonymous or Parents Anonymous these fathers can be assisted to accept responsibility for their behaviour, understand what lead up to the abuse, and develop more appropriate relationships with their wives and children. As in the case of group treatment for mothers, the group process is seen as helpful in reducing denial, defensiveness and isolation. Cotherapy with male and female threapists providing appropriate role models is suggested for parental group programs.

Family Therapy

Family therapy, as a treatment modality, is frequently utilized in the treatment of family sexual abuse. While Kroth (1979) reports this modality as having a significant positive effect on participants some important issues should be considered. Firstly, family therapy is unlikely to be the treatment modality appropriate to the successful resolution of all treatment goals. For example, the discussion of marital or sexual dysfuction in family therapy may result in avoidance of the issue by parents or it may increase the blurring of role boundaries. It would seem more appropriate that these issues be addressed through alternative treatment approaches such as dyad therapy. Other treatment goals such as building the sexually abused child's self esteem or increasing the mother's control over her life, are probably more effectively dealt with through individual or group therapy programs.

Secondly, an underlying premise in the application of family therapy is that the presenting problem is a family problem with all family members responsible to some degree for both its development and its resolution. In the treatment of family sexual abuse this generalizing of responsibility is contra indicated and may be harmful to the abused child.

Lastly, the point at which family therapy is introduced in the treatment process should be carefully considered. Early introduction of this modality may have minimal impact. The acceptance of personal responsibility by the parents, the initial resolution of the feelings engendered by the sexual abuse and disclosure should usually occur prior to proceeding to family therapy sessions. Additionally, the child's fears and self esteem may need to be addressed in prior individual therapy. As well as strengthening

Notes

the mother and daughter through individual, dyad or group treatment, the power/control of the father needs to be greatly reduced before family therapy is provided. Here Sgroi (1982) Zaphiris (1978) and Giarretto (1979) are agreed that while family therapy is an important and viable treatment modality it should be introduced as the last phase of the overall treatment program and utilized to address appropriate treatment goals. In this regard family therapy is considered a prime modality for dealing with the treatment goal of improving family relationships. The establishment of and instructions regarding role boundaries may well be best achieved in family threapy sessions. The development and application of democratic family problem-solving methods should also be attempted through this modality.

Summary

The treatment of family sexual abuse is a relatively new field of therapeutic endeavours. As such we currently know very little about what treatment methods are most effective in remediating various aspects of the problem. However, treatment efforts to date, especially those of Giarretto (1978), appear to indicate that through the use of a multimodal approach, considerable therapeutic gains can be achieved. In addition, successful treatment appears related to the resolution of treatment goals specific to sexual abusive families. Careful timing and matching of treatment goal and treatment modality are important considerations which appear related to treatment outcome. The positive prognosis for intervention in family sexual abuse should provide encouragement to practitioners, who faced with increasing reports of sexual abuse, are required to provide treatment services.

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Related Audio Visual Material

Incest: Victim Nobody Believes

This 20 minute colour film depicts the fears, guilt, isolation, confusion and consequences of three young women who were sexually abused as children.

Available through Magic Lantern Film Distributors,
872 Winston Churchill Blvd., Oakville, Ontario L6J 4Z2

The Last Taboo

This 30 minute colour film illustrates a weekend cathartic therapy session in which six victims of childhood sexual abuse work through some of their resultant trauma.

Available through Magic Lantern Film Distributors,
872 Winston Churchill Blvd., Oakville, Ontario L6J 4Z2

CHAPTER 7

OTHER TYPES OF FAMILY

SEXUAL ABUSE

Notes: While the most commonly reported form of sexual abuse within the family involves the direct participation of fathers and daughters, other types of proscribed family sexual relationships do exist. When considering sexual activities between other family members, it is essential to recognize that the literature and available data on these types of family sexual abuse is virtually non-existent. If we know little about sexual abuse in general, than we know less about sexual abuse involving fathers-daughters and almost nothing at all about other forms of intra-family sexual abuse. While it is speculated that the dynamics, causation and consequences of other types of sexual abuse are distinct from father-daughter sexual abuse nothing is certain in this regard. The limited published data available is usually in the form of a case study of one or two clients who reveal instances of childhood sexual abuse while undergoing treatment as an adult. It is impossible to generalize from such limited observations. Although further study and research is urgently needed, it is helpful for practitioners to be aware of the limited findings which are emerging in this area of sexual abuse. This chapter will provide a brief review of our current knowledge about some of these other forms of intra-family sexual abuse.

Sexual relations between these family members wiull be reviewed:

Heterosexual sexual relationships

between
- siblings
- mother-son

Homosexual sexual relationships

between
- siblings
- mother-daughter
- father-son

HETEROSEXUAL SEXUAL RELATIONSHIPS

(1) Mother-Son Sexual Abuse

The incidence of reported family sexual abuse involving mothers and sons is extremely low.(1) It would appear that this is either a very rare phenomenon, or that for various reasons sexual relationships between mothers and sons are seldom reported. Arguments in support of both hypothesis have been put forward.

(1) Meiselman, K. Incest, Jossey-Bass San Francisco 1978

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Those who argue that mothers rarely engage in sexual relations with sons suggest that the bonding between mothers and their children is unique and that this creates a natural and strong aversion to such behaviour. It is argued that through the process of carrying the child from conception to birth, the close nurturing attachment in the post natal period, and the unique dependancy relationship of childhood, mothers view children differently from fathers. Consequently, it is suggested that mothers would be less inclined to see the child as a sexual partner or sexual object. So, it is postulated that mothers would be less likely to engage in overt sexual activities with their children.

On the other hand, several arguments are advanced which suggest that this type of sexual abuse exists but is seldom identified or reported. In this regard it has been suggested that the sexual involvement of sons with their mothers has minimal consequences. If this is so then it is unlikely that the child will exhibit physical or behavioural symptoms which lead to public identification. Also, it is suggested that if indeed the consequences for the child are minimal, then, it is unlikely that the child will require or seek treatment as an adult and thus reveal the sexual involvement.

A further argument tending to support the under-reporting theory is that it is difficult to diagnose mother-son sexual abuse. Mothers are given wide latitude by society in the degree of physical intimacy which they can establish and maintain with their children of the opposite sex.

Fathers, on the other hand, may be censored or prohibited from engaging in certain forms of intimate behaviour with their children which mothers may perform with social and legal immunity. For example, if a father was to undress and bathe his 8 year old daughter, questions of impropriety or sexual misconduct might be raised. However, if a mother was to engage in similar behaviour with her 8 year old son her behaviour may be considered inappropriate but not sexual in nature.

When mothers engage in intimate physical behaviour with sons this is seldom likely to be considered or labelled as sexual abuse. Rather these behaviours are considered as overprotective, or as over-extension of normal maternal nurturance. Society, generally, seems to tolerate a greater degree of physical intimacy between mothers and children. Therefore, it is possible that some sexual activity between mothers and sons is considered simply as inappropriate and so not reported to community authorities.

Notes:

Lastly, it is argued that since force or coercion is unlikely in mother-son sexual abuse, fewer cases are identified and reported. An absence of force or coercion is suggested for two reasons. Firstly, the mother may have difficulty effecting or carrying out actual force or following through on threats. This may be related to lack of physical stature or lack of physical strength particularly in relation to the pubertal and adolescent son. It may also be related to the conditioned non-assertive nature of many mothers, or the male child's tendency to challenge maternal control. Secondly, for sexual activity to occur it is usually required, in situations involving male children, that the child be sexually aroused. It is suggested that it is difficult for the child to maintain an erection in situations involving force or overt coercion. Consequently, if no force or coercion is involved the male child is unlikely to exhibit physicial or behavioural indicators associated with sexual abuse. Therefore, it is argued that these children would not be identified which would in turn affect the reporting of mother-son sexual abuse.

Regardless of the actual incidence of mother-son sexual abuse, it is known that such acts do occur. So, it is helpful to consider some of the possible characteristics and consequences associated with this type of family sexual abuse.

(a) Family Characteristics

The most consistent cxommon factors identified to date include the following:

(i) Fathers

Fathers appear to be absent on a permanent or regular and extended basis in most reported cases. No specific data respecting the personality or characteristics of these fathers has been established. It has been argued that the absence of the father may provide the opportunity for the son to be considered as a substitute by the mother for affection, nurturance and sexual relations. It would certainly appear significant that in the majority of reported cases of mother-son sexual abuse no close spousal relationship is present which might meet the mother's emotional and sexual needs.

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(ii) Mothers

Mothers involved sexually with their sons are generally reported to exhibit dependent personalities. In addition they are described as having considerable unmet emotional and sexual needs. Also it is suggested that they are both possessive and overprotective of their sons who may or may not have physicial attributes similar to the absent spouse. It is suggested that the mother develops a special and close relationship to the son and in some way attempts to mould this close bond into "special love affair". Forward (2) suggests that this movement of the son into the father's role is achieved suddenly and may progress through the following stages:

Over-stimulation

At this level the mother may simply over-stimulate the son through the level of attachment and sensuality which she brings to the relationship. While the involvement of mothers and son may not progress beyond this level, it is possibly that a certain level of eroticism is achieved or stimulated which results in some degree of sexual frustration primarily by the mother but also possibly by the son. In some situations this then may move the relationship to a second and more intimate level.

Sexual contact

At this level the mother initiates sexual contact with the son. Occasionally this is perceived by the child, at least initially, as accidental. However, the nature and frequency of the sexual contact may develop to the point where although not explicitly stated the intent of the contact is clearly understood by both the mother and the son. This sexual contact usually involves a variety of forms of fondling and mutual genital stimulation. It also appears more likely to occur after a considerable period of time through which the mother is able to progress through various levels of sexual involvement and to the point where she has been able to move the son into a position in which he almost totally displaces the absent or lost father. The level of displacement of the father by the son appears to be correlated with the level of sexual involvement.

(2) Forward, S. Betrayal of Innocence,
Penguin Books, London 1978

Notes: Most authors agree that incidences of mother-son sexual involvement are pathological. However, there is limited agreement regarding the degree of pathology involved. Groth (3) suggests that generally mothers involved in this type of behaviour are retarded or psychotic. Groth further suggests that such mothers may have a history of sexual abuse as a child or history of alcohol or drug abuse.

Meiselman (4) certainly suggests that such mothers are disturbed. It is generally agreed that mothers initiate the sexual abuse. The literature provides the occasional reference to a situation in which an older son in his late teens may initiate the sexual activity with his mother. However, in these cases, the sons are generally considered to be disturbed or psychotic themselves prior to the initiation of such activity.

(iii) Sons

Data with respect to the personalities and characteristics of the son prior to their sexual involvement with their mothers is non-existent. The limited data available relates more to the consequences of the sexual misconduct on the sons rather than with their previous behaviour.

(b) Consequences

While most authors agree that the consequences of mother-son sexual abuse are detrimental and harmful there is no agreement as to the severity of the consequences of such behaviours. Since the cases which come to professional attention are usually those which involved an adult who requires professional treatment as a result of childhood sexual abuse involving his mother, it could be argued that only the more severe and pathological cases come to public attention. These cases may not reflect the consequences experienced by all sons who have engaged in sexual activity with their mothers. While we do not possess pertinent data regarding the consequences of mother-son sexual abuse in unreported cases, it does appear in reported cases that the consequences of such activity is generally detrimental to the child's personality, sexual identity and subsequent relationships.

(3) Groth, N. A. The Incest Offender, in Child Sexual Abuse ed. Sgroi, S Lexington, Massachussetts, 1982

(4) Meiselman, K. Incest, Jossey-Bass, San Francisco 1978

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Notes:

Psychoanalytic theory especially as espoused by Freud and theories of child development suggest that children experienced an oedipal period in their development. This theory suggests that a child develops an intense and eroticized love for the parent of the opposite sex. This in turn gives rise to considerable feelings of anxiety, guilt and jealousy. In the classical concept it is suggested that the child views the parent of the similar gender as a rival and wished to possess the parent of the opposite sex for themselves. The theory proposes that the successful resolution of this oedipal conflict common to all children is essential for the future development of the child. Lidz (5) suggests that how the oedipal conflict is resolved will determine future relationships and the personality of the child. In psychoanalytical terms, successful resolution of the conflict requires the child to suppress these feelings and to give up their sexual fantasies relating to the parent of the opposite sex. In doing so the child then comes to terms with his position in the family, with this identity and so identifies with the parent of the same sex. Consequently, it is argued, that no effective resolution of the oedipal conflict is achieved nor can be achieved by the child when he is engaged sexually with his mother. In fact in mother-son sexual abuse the oedipal conflict is acted to its conclusion. It is argued therefore that it does lasting damage to the child's future development. The fulfillment of the child's oedipal desires is considered to increase the child's sense of guilt and anxiety. Since no force or coercion is involved these feelings are heightened within the child who views himself as a willing participant. In addition the child may find certain sexual experiences with the mother to be pleasurable. This again would increase the child's sense of guilt, anxiety and confusion. Although the consequences of failing to resolve the oedipal conflict remains unproven it is suggested through clinical findings from reported cases that the following effects may be experienced by the son.

Later Sexual Problems

Meiselman (6) suggests that sexual involvement with his mother may result in sexual problems for the son with females at a later date. The breaking of the strong taboo and no resolution of the oedipal conflict and associated guilt may result in the son being impotent or insecure in other hetero-sexual relationships.

(5) Lidz, T. The Person: His Development Throughout The Life Cycle
Basic Books
New York, 1968

(6) Meiselman, K. Incest, Jossey-Bass,
San Francisco 1978

Notes

Sexual Preference

In addition, Forward (7) indicates that the son at a later date may gravitate towards a homosexual sexual preference. It is suggested that such a preference is the son's mechanism for reducing the guilt and anxiety and confusion experienced in heterosexual relations.

In summary then, the nature and incidence, and consequences of mother-son sexual abuse is largely unknown and considered to be a somewhat rare occurrence. Reported cases suggest an absent father, a disturbed mother and considerable negative long term consequences for the son.

(2) SIBLINGS

Although the most frequently reported form of sexual abuse involves fathers and daughters, it is widely held that sexual misconduct in the family involving brothers and sisters is more common. While little research data exists to support this belief some support to the argument is provided in the findings of Finkelhor (8). In a survey of college students Finkelhor found that 39% of the females and 21% of the males who reported an incestuous childhood relationship, indicated this incest occurred with a sibling of the opposite sex. Finkelhor suggests several reasons why sibling sexual misconduct, although perhaps the most common form of family sexual abuse, may be underreported.

Reduced Threat to the Family

It is suggested that sibling sexual misconduct really poses no threat to the security or stability of the family. Sibling sexual activity does not involve cross-generational sexual activity nor does it result in a blurring of roles or family boundaries as in the case of father-daughter sexual misconduct. Therefore it is held that jealousies and rivalries are not involved to any noteworthy degree in this form of sexual abuse and therefore do not threaten the solidarity of the family. It is suggested because the family is less threatened by this type of sexual involvement that sibling sexual activity is less likely to be discovered by family members. In addition, it is possible that by posing a lesser threat to the family, the family is more prepared to deal with sibling sexual misconduct itself rather than report it to the various authorities. In somes instances sexual activity between siblings may not be viewed by the family as a serious problem and therefore is generally resolved within the family system when it is discovered.

(7) Forward S. Betrayal of Innocence, Penguin Books, London 1978

(8) Finkelhor, D. Sex Among Siblings: A Survey of Prevalence, Variety & Effect Archives of Sexual Behaviour, June 1980

Notes:

Minors Involved

Generally sibling sexual activity involves children under the age of 18 years. In addition, the age difference between such siblings is usually relatively small. Consequently, this type of sexual relationship within the family is more likely to be minimized as inappropriate peer behaviour rather than as an abusive event or a form of victimization.

Reduced Taboo

It is argued that society as well as the family view sexual relationships between siblings as being governed by a lesser taboo than that governing sexual relationships between adult family members and their children. While sexual activity between siblings is prohibited, such misconduct is not viewed with the same degree of emotional intensity or sacred prohibition as applied to parent-child sexual relationships.

Transitory Behaviour

The more tolerant attitude given to sibling sexual relationship is also determined by the fact that such behaviour is usually seen as transitory. It is behaviour which is seen as more of a passing stage in a child's development rather than a pathological orientation. Therefore, if the ages of children involved are similar, no force is utilized and the behaviour is exploratory and transient in nature then it is seen as inappropriate behaviour or misbehaviour, rather than criminal or disturbed behaviour.

(a) Characteristics

Because brother-sister sexual misconduct is seldom reported, the particular characteristics of such activities are largely unknown. On the one hand it is suggested that these activities involve peers in brief episodes of sexual experimentation or curiosity. On the other hand this does not mean that all such sexual activity between siblings is indeed harmless or innocent. In assessing the nature of brother-sister sexual relationships, it is helpful to differentiate between what might be considered inappropriate behaviour and that which could be considered more harmful and abusive behaviour. In attempting to make this differentiation the following factors should be considered:

Notes:

(i) Age of Participants

The younger the participants the more limited the sexual behaviour is likely to be. In addition, the younger the children involved the more likelihood it is that the sexual activity will indeed be exploratory in nature. The age difference between participants is also important to consider. If the age difference between participating siblings is in excess of three years then greater concern must be raised regarding the willing involvement of both partners and the motivation behind the activity. Concern should also be heightened if the eldest child is a female and is more than three years older than the brother. This type of relationship is potentially damaging for the brother as the experience may parallel the concerns detailed in mother-son sexual abuse and result in a poor resolution of the oedipal conflict. If the eldest child is a male child and is more than three years older than the sister concern should be given to the possibility that force or coercion is involved. In general, if the age of participants is somewhat similar the possiblity of victimization and a sense of betrayal of trust is less likely to occur. On the other hand if a large age difference is involved the younger child is more likely to view the older child as having legitimate authority and therefore experience the activity as one of victimization.

(ii) Mutual Participation

It is important to distinguish whether or not there is a reasonable degree of mutual participation in the sexual relationship involving brothers and sisters. The question to resolve is whether or not both children are willing participants. If there is not an appropriate degree of mutuality the potential for victimization is obviously increased. Also, the potential for use of force or coercion is more possible in situations where both children are not willing participants.

In this regard it is important to differentiate whether the participants are involved by consent or whether any other means has been utilized to ensure their participation. It should be ascertained whether or not physical force, threats or other forms of coercion are utilized in order to ensure participation. In addition to the misuse of power and authority, it should be determined whether or not bribes, promises or other enticements were utilized in order to gain a child's consent or participation in sexual activites.

(iii) Motivation

In attempting to assess sibling sexual misconduct, it is important to determine, where possible, the motivation of the participants and in particular the motivation of the older sibling. Establishing the motivation assists in determining what needs are being met by the behaviour involved. The motivation of the participants may vary considerably and may include one or more of the following: exploration, retaliation, dominance or sadism.

Notes:

(iv) Type of Sexual Activity

The sexual activity between siblings may range from undressing and viewing each other to fondling, to genital contact, to sexual intercourse. Concern should be heightened in cases where there is a high level of sexual intimacy between brothers and sisters. The degree of sexual involvement is usually correlated with a lack of adult supervision and may therefore progress beyond transitory exploratory behaviour. In situations where there has been frequent and intimate sexual relations between brothers and sisters, it has been found that either the sexual standards of the family are loose or that there has been considerable absence of appropriate adult supervision in the home.

(b) Consequences

The consequences of brother-sister sexual activity is considered to be relatively minor in those situations involving consenting children participating in minor sexual exploratory behaviour. The absence of a strong intense taboo against such activity, the peer relationship and the absence of negative community and parental responses contribute to minimizing the possibility of traumatic consequences in these situations. However, in situations where family or public exposure results in a strong moral or emotional rejection or the application of severe punitive measures the chance of more lasting and serious sequelae is increased. Where children of a similar age are involved, the oldest child might experience some guilt and remorse for initiating or taking the lead in sexual activities. However, these feelings may be modified by the sibling's willingness to participate and the non-traumatic family or community response to such disclosure. In situations where the age range between participants is considerable there is increased likelihood of traumatic consequences especially for the younger child. This is because usually force, coercion or some other form of exploitation takes place. The child may then experience a sense of violation or victimization. Family and community reaction to disclosure in such cases may be less tolerant, more negative and contribute to traumatic after-effects.

Notes: HOMOSEXUAL SEXUAL RELATIONSHIPS

(1) FATHER-SON SEXUAL ABUSE

The incidence of reported cases of father-son sexual abuse is extremely rare. Few reports come to public attention. This is supported by data from child abuse registers and other studies of incidence. (9) Current knowledge of father-son sexual abuse is based on occasional individual cases coming to professional attention. These case histories usually reflect retroactive data. That is, the event described occurred in the child's early life and is reported in therapy as an adult. Accordingly little generalization or hypothesis can be drawn from such isolated reporting. Some reports (10) suggest that father-son sexual abuse, although not as prevalent as other forms of family sexual abuse, is highly under-reported due to the fact that such behaviour is especially repugnant and violates more community values and social taboos than other forms of sexual abuse. Specifically father-son sexual abuse may involve elements of incest, homo-sexuality and sodomy and therefore be viewed as triply taboo in our society. Therefore, every effort is made to prevent and avoid disclosure of behaviour which would involve these three elements.

It is suggested that the inherent reluctance to report sexual abuse is heightened in situations involving sexual misconduct between fathers and sons. Regardless of the factors which inhibit disclosure of such activity most researchers agree that the incidence of father-son sexual abuse is likely to be considerably lower than those of other forms of family sexual abuse.

(a) Characteristics

No consensus currently exists among researchers regarding the nature or characteristics of father-son sexual abuse. There are only a small number of case histories from which conclusions can be drawn and this data is often conflicting.

(i) Fathers

Dixon, (1978) in a study of 6 families involving sexual abuse of 10 sons by their fathers reported that the fathers all shared a history of alcoholism or sociopathology. This study infers that fathers who sexually abuse their sons are highly dependant and exhibit some degree of personality disorder.

(9) National Analysis of Official Child Neglect and Abuse Reporting 1976, 1978 American Humane Association, Colorado

(10) Forward, S. Betrayal of Innocence, Penguin Books, London 1978

Notes: Forward (1978) suggests that fathers who engage in sexual misconduct with their sons are characterized by a psychological breakdown. Forward suggests the focus of difficulty in these cases lies within the personality structure of the father rather than the dynamics of the family system. Forward reports that fathers sexually involved with their sons suffer from feelings of inadequacy caused by living with a domineering mother or wife. In her study, Forward concludes that the fathers were less disturbed than mothers who engage sexually with their sons and that the fathers' behaviour is motivated by unresolved homosexual conflict from their youth.

Meiselman (1978) on the other hand, while supporting Forward's hypothesis that father-son sexual abuse has its etiology in the father's homosexual conflict in childhood, reports that such fathers have a strong emotional attachment to their sons and demonstrate no severe pathology or disturbance.

(ii) Mothers

Very little data is available describing the characteristics of the mothers in families where fathers sexually abuse their sons. The major findings to date suggest that mothers are aware of the behaviour and that their complicity is somewhat parallel to that involved in father-daughter sexual abuse. However, there is no suggestion in the literature that a family triangle common in father-daughter incest is formed in father-son sexual misconduct.

(iii) Sons

Again, the findings regarding the characteristics of sons sexually involved with their fathers is most limited. General findings suggest that the sons are usually pre-adolescent who may consent to the sexual relationship out of fear or coercion or an initial curiosity. Additionally, reported case studies suggest that the sexual relationship is shortlived and usually terminated by the son. Termination of the sexual activity is probably precipitated by:

(a) the son's growing awareness that the behaviour is taboo

(b) the son approaching adolescence

(c) the son's refusal to participate in sexual activity which is painful e.g., anal intercourse.

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Notes:

(b) Consequences

There are consistent findings from the few reported cases of father-son sexual abuse that such behaviour has a negative and long term effect upon the sons involved.

Dixon (1978) reports that sons appear to experience more negative consequences, compared to daughters, when sexually involved with their fathers. Dixon found that these boys developed severe emotional problems. In addition, the boys verbalized extreme negative feelings towards the father.

Meiselman (1978) reports that boys sexually involved with their fathers generally experience considerable emotional difficulties as they enter adolescence.

Forward (1978) reports that these boys experience severe guilt from having participated in such an extremely taboo sexual behaviour. Forward suggests that this guilt is transferred into intense feelings of self loathing. In addition, the boys develop a deep hostility towards their father. Forward suggests that the experience for boys is traumatic and may have long consequences. Specifically, the boys are likely to exhibit serious sexual identity problems as they experience subsequent discomfort in both hetero-sexual and homosexual roles. Forward concludes that the long term consequences for the boy amounts to "psychological murder" perpetrated by the father.

It would seem, then, that there is a consensus that the sexual abuse of sons by their fathers is likely to result in serious lasting emotional and identity problems for the sons.

(2) MOTHER-DAUGHTER SEXUAL ABUSE

Once again data respecting this form of sexual abuse is extremely limited. Information regarding the incidence, characteristics and consequences of mother-daughter sexual relationships is incomplete and drawn from a small number of isolated case studies. It is generally accepted that not only are few cases reported but that the actual incidence of such misconduct is extremely rare.

The reasons for the limited reporting and possible limited occurrence of this phenomena are similar to those given in mother-son sexual abuse. These include:

Natural Aversion

Here it is argued that the unique bond established between mother and child prohibits the mother from engaging in sexual relations with her offspring whether they are male or female.

Notes:

Strong Taboo

The violation of expected maternal roles is highly proscribed by society in general. The violation of such expectations within the context of homosexual incestuous activity is considered extremely deviant and abhorrent and so acts as a deterrent to such behaviour.

(a) Characteristics

The most complete description of the nature of mother-daughter sexual abuse is presented by Forward (1978) and is based on clinical experience with the adult victims of such behaviour.

(i) Mothers

Forward, assesses the mothers involved sexually with their daughters as very disturbed women who were reared in extremely deprived backgrounds and who may indeed be mentally ill. Forward, suggests that these women are infantile in their behaviour and other aspects of their development. They are also perceived as emotionally needy persons. It is suggested that the mothers in attempting to meet these needs see the child as an extension of themselves not as a separate person with separate needs. These mothers attempt to get the child to meet their needs and engage in extensive role reversal with their daughters. While a limited amount of role reversal takes place in all parent-child relationships, continuous and inappropriate role reversal negatively impacts a child's development. In these situations the child is required to accept responsibility for the parent's emotional needs at the expense of their own development needs. In essence, this robs the child of age appropriate behaviour and adequate nurturance. Forward suggests that mothers in these cases of sexual abuse are incapable of providing adequate mothering.

In most cases Forward reports that the sexual activity involves various forms of masturbation. This may include stimulating the child for erotic arousal or mutual masturbation. Oral/genital contact is considered infrequent and possibly correlated with deeper psychological problems within the mother.

Notes:

(ii) Fathers

Little data is presented regarding the fathers in families where mothers sexually abuse their daughters. In this regard it is suggested that the fathers are either absent or passive dependent personalities who, while acknowledging the emotional instability of their spouses, are unwilling to confront them on their behaviour for fear of marriage breakups or aggressive acting out by the wives.

It is contended that the father in such families accept an increasing degree of acting out or unstable behaviour from their wives. This increasing deviant behaviour and the inability of the father to meet the deep neurotic needs of his wife may result in the mother sexually abusing the daughter.

(iii) Daughters

Forward, believes that mother-daughter sexual abuse begins very early in the child's life and may continue until puberty. In such instances the child views the sexual activity as an extension of the role reversal and initially consents in order to please the mother and to help meet the mother's unmet needs. Later, as the child matures or as the behaviour increases, the child usually becomes increasingly uncomfortable with the sexual activity and may feel guilty regarding their participation and any pleasurable experience derived from the activity. However, some daughters continue to participate in the abuse out of sense of martyrdom in a vain attempt to meet the mother's needs and through a continuation of their conditioned role reversal. The daughter usually terminates her involvement in the sexual activity prior to adolescence.

(b) Consequences

Forward, through treating daughters who were sexually abused by their mothers, concludes that these daughters may suffer long lasting and negative psychological consequences. However, the effects do seem to vary with the child's understanding of the event, the nature of the activity involved, the degree of role reversal and the level of disturbance in the mother. Although the experience of mother-daughter sexual relations did not appear to lead to a homosexual orientation, the daughters did express difficulties in their sexual relationships. In addition, the daughters exhibited a deep ambivalence towards their mothers. The ambivalence was largely unresolved in adulthood and was characterized by feelings of affection and anger. The daughters treated by Forward also expressed feelings of self loathing and had difficulty achieving deep relationships. In relationships with the opposite sex they tended to substitute sex for affection.

Notes:

In summary, Forward concludes that severe emotional damage is likely to be inflicted upon daughters who are sexually abused by their mothers and that such cases are slow to respond to treatment.

(3) SISTER-SISTER

Reports of sexual activity between sisters are extremely rare. The literature regarding this type of sexual misconduct is almost non-existent. Consequently there is little available data upon which to consider the nature, extent and consequences of such activities. The absence of individual case studies in the literature suggests that sexual involvement between sisters is either a very rare phenomenon or has no lasting harmful consequences. As in the case of mother-son sexual abuse, it is suggested that sisters may engage in a higher level of physical contact or intimacy without societal concern or offence. If this is so, then, it further supports the contention that these sexual relationships are seldom disclosed publically and are rarely reported.

Finkelhor (1978), however, in his survey of 151 females who reported sexual relationships with their relatives, found considerable incidence of homosexual activity occurred between siblings. 18 of the 151 females reported that they were sexually involved with their natural sisters. Finkelhor also found that the consequences of this sexual activity appeared to be less traumatic compared to that of females in his survey who were sexually involved with male siblings or adults of either sex. If correct, this finding would support the contention that sister-sister sexual involvement has limited traumatic consequences and is, therefore, seldom reported when it occurs or at a later stage of the life cycle. A marked absence of force, coercion or inducement is noted in this form of sexual misconduct, suggesting mutual consent and exploratory behaviour. To date, there are no findings which suggest that sister-sister sexual relationship prohibits the development of heterosexual relationships or results in a homosexual sexual preference.

(4) BROTHER-BROTHER

As in the case of sister-sister sexual activity, reports of brother-brother sexual misconduct are extremely rare in the literature dealing with sexual abuse.

Notes:

In general, it is contended that a considerable amount of brother-brother sexual activity takes place within families. However, this behaviour is usually considered transient curiosity or sex play. This behaviour seldom progresses to anal intercourse. It is usually confined to masturbation. Little consequence is considered as an outcome of this sexual involvement in most cases. However, if the age difference between siblings is considerable, if force, coercion or bribery is utilized or if the behaviour is extensive, traumatic sequelae may occur and may preclude the development of normal heterosexual relationships. In this regard Finkelhor (1978) suggests it is wrong to romanticize all sibling heterosexual or homosexual activity as innocent childhood sexual games. In his survey of college students he found a "substantial portion of sibling incest involves much older partners and some coercion". This caution is well taken and deserves full consideration by protective service workers investigating allegation of sibling incestuous behaviour.

SELF STUDY QUESTIONS

1. Under what circumstances, if any, should the term sexual abuse be applied to sexual activity between siblings?

2. What role if any should child protective services play in regard to sibling sexual involvement?

3. What minimal grounds need to be established, regarding sexual activity between siblings, before the intervention of child protective services is justified?

FURTHER READING

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GLOSSARY OF POSSIBLE CHILDREN'S TERMS

Children may use accurate and appropriate terminology to describe sexual activity or body parts. Alternatively children may use 'street names', or synonyms to describe their experiences. Occasionally euphenisms may be used. Some children may use or regress to early childhood terms to tell their story of sexual involvements with adults. Young children may have no vocabulary or a very limited one with which to express their experience. Also young children may have a vocabulary of sexual terms but may have an incomplete or even incorrect interpretation of the meaning of such words. For these reasons it is important to be familiar with some of the possible terms used by children in relation to sexual abuse. As children may use a limitless and idiosyncratic variety of terms this glossary is by no means considered complete. Regardless of the specific and unique terms used by children it is essential for the practitioner to be sure they and the child understand a common meaning for the term used.

ANAL INTERCOURSE	-	bum fucking
ANUS	-	ass hole, bum hole
BREAST	-	chest, boobs, front, tits, jugs
COITUS/INTERCOURSE	-	screw, fuck, banging, balling
CONDOM	-	safe, rubber, johnny
CUNNILINGUS	-	eating out, box lunch, he licked my private
EJACULATION	-	jerk off, jacking off, his dick dripped
ERECTION	-	hard on, a bone, a cob
V.D.	-	clap, dose
HYMEN	-	cherry
MASTURBATION	-	playing with self, playing with private, jerking off, beat the meat, jacking off, flog a dog, he milked himself
MENSES	-	period, curse, on the rag, friend
PENIS	-	wee wee, cock, dick, his thing, prick, wang, bird, his stick, his spear or rod, pee pee, peenie

RECTUM	-	ass hole, bum hole, bung hole, the shitter, pooh place, bum
SCROTUM	-	bag sack
SEMEN	-	white stuff, milk, pee, piss
TESTICLES	-	nuts, balls, round hard things, pouch, a big ball
UTERUS	-	inside me, up me, womb, oven, bread box
VAGINA	-	pee pee, wee wee, my private, between my legs, regina, box, snatch, beaver, pussy, weenie, tinkle